

Senior Regional Collaborative

Agencies Serving Seniors in Wayne, Oakland and Macomb Counties

A Needs Assessment of Older Adults in the Tri-County Area

2009

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Funding for the Senior Regional Collaborative was
provided by United Way for Southeastern Michigan

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Executive Summary

The Southeast Michigan population is aging rapidly. The proportion of older adults residing in the tri-county region will nearly double in the next 20 years. By 2030, nearly 1 in 4 area residents will be age 65 or older, and nearly 2 out of every 5 households will include an older member. In 20 years there will be well over a quarter of a million senior citizens living alone in Wayne, Oakland, and Macomb Counties, most of whom will be age 75 or older.

Households headed by seniors have a median income about 2/3 of that of households in general. Nearly 14% of area seniors live at or below the edge of poverty, a condition of severe need. About 2 out of every 5 older adults in the area have some form of disability, including mobility, sensory, cognitive, and self-care limitations. As the senior population grows, the need for supportive services to help older people stay in their homes and maintain their independence will grow along with it. The graying of the baby boomers will result in dramatic changes in the characteristics and needs of our Michigan residents. Adapting to those changes will affect policies, programs, and services across the board within our community. The failure to adapt will erode the quality of life of not only senior citizens but all residents; we must not be caught unprepared for this unprecedented population shift.

The United Way for Southeastern Michigan Senior Regional Collaborative conducted a study involving over a dozen focus groups of aging services clients around the region, as well as a survey of agencies that provide aging services. The results of this study suggest that transportation is a major concern for seniors, and that the ability to live independently for those who do not drive is severely compromised by a lack of transit alternatives in the area. The cost and quality of health care continues to be an ever-present issue in the lives of older adults, and steps to deliver medical services more courteously, conveniently, and affordably will positively impact the well-being of seniors in our area. Supporting older people in the community as they age requires a range of services to help them maintain their households, repair aging homes, protect their safety and security, and preserve their health. Isolation and loneliness also threaten the well-being of the older population, and the availability of social outlets for seniors is an important factor in their engagement and activity in the community. Despite efforts by the aging network to do so, older adults think more can be done to raise awareness of available aging services. All of these findings point to a need for greater funding for aging services as the older population grows.

Introduction

The United Way for Southeastern Michigan Senior Regional Collaborative

Our Michigan community is rapidly aging. The graying of baby boomers will result in dramatic changes in the characteristics and needs of our Michigan residents as well as the potential of a growing volunteer corps. These changes will undoubtedly have an impact on policies, priorities, programs, services and practices within our community.

As our Southeast Michigan community prepares for the aging population, attempts to develop informed projections and responsive policy will require sound, consistent and useful data and a comprehensive plan to address both the needs and the opportunities. With improved information, we will be better able to identify the resources needed to support well-being and independence of people as they age, as well as the opportunities presented by an expanded pool of elders with wisdom, experience and the desire to give back to their communities.

To address this growing need and build capacity to direct resources to the need, United Way of Southeastern Michigan (UWSEM) issued a request for proposals and received responses from many senior-serving agencies targeting the same population and services. With limited resources to fund all the agencies, UWSEM asked them to think about working collectively. The Collaborative developed a concept paper that clarified a vision, a mission and a process to engage UWSEM-sponsored agencies serving the older adult population. The ultimate goal is to help improve the quality of life for seniors and the community at large by identifying the major factors impacting them, creating a comprehensive plan to address the issues, and raising awareness of the issues, challenges and opportunities presented by the aging of our population.

The Senior Regional Collaborative is now made up of twenty-five non-profit organizations in the tri-county area that have worked for years in tandem with local and state governments to provide services to over 425,000 of Michigan's vulnerable seniors. These major stakeholders, including the three local Area Agencies on Aging, formed the Senior Regional Collaborative. Its collective purpose is to develop a plan based on the needs of aging adults as identified by an extensive needs assessment and gap analysis of data and services being provided in Macomb, Oakland, and Wayne Counties.

In the second year of funding the group has developed a concept paper, completed focus groups and an agency survey, and has the capacity to build a solid model for themselves and future service delivery.

Vision, Mission, and Purpose

Our vision is a tri-county area that honors and meets the needs of seniors by encouraging the highest degree of health, well-being, and independence.

Our mission is to enhance the quality of life for seniors in Southeast Michigan.

Our purpose is to develop a framework for an advocacy, planning, and program development plan that will address the needs and contributions of the growing older adult population in Southeast Michigan.

Process

- Data Gathering
 - Review existing reports on senior data in the tri-county area
 - Collect and analyze data on current demographic trends, needs, and community assets
 - Identify trends in services, society, and policy that will affect services
 - Develop projections of future senior contributions, needs, and community assets
- Civic Engagement, Education, and Advocacy
 - Share data and projections with the public
 - Develop a shared vision for how the tri-county region will respond to current and future challenges and opportunities
- Implementation
 - Draft a plan for the implementation of collaborative action to achieve the shared vision

Deliverables

- Present a paper that documents current service needs, assets, and also describes the gap between the current needs and services provided
- Produce projections of future population growth and service demand

- Craft compelling talking points on the impact of growing and changing senior population
- Report on the shared vision and recommendations for how to address and benefit from anticipated older adult population growth
- Develop an outline of a comprehensive Resource Development Plan

Partner Agencies

The Senior Collaborative is comprised of twenty-five non-profit organizations across Southeast Michigan including:

- Adult Well-Being Services
- Alzheimer's Association
- Area Agency on Aging 1-B
- Area Agency on Aging 1-C – The Senior Alliance
- Bridging Communities, Inc.
- Catholic Social Services of Oakland County
- Catholic Social Services of Wayne County
- Catholic Services of Macomb
- Citizens for Better Care
- Community Foundation for Southeast Michigan
- Community & Home Supports
- Community Living Services
- Detroit Area Agency on Aging
- Elder Law of Michigan
- Jewish Family Service
- Macomb County Department of Senior Citizen Services
- Macomb Department of Planning and Economic Development
- Macomb Family Services
- Matrix Human Services – Reuther Older Adult and Wellness Services
- Northwest Community Programs, Inc.
- Oakland Livingston Human Services Agency
- People's Community Services
- United Way for Southeastern Michigan
- Visiting Nurse Association of Southeast Michigan
- Wayne State University Institute of Gerontology

Background and Significance

A Growing Older Population

Like that of much of the rest of the world, the population of tri-county Southeast Michigan is getting older at a brisk pace. This simple fact is widely understood within our local aging network--the web of planners, service providers, and advocates who address the needs of older adults on a regular basis--but little acknowledged outside of it. The most recent estimate from the U.S. Bureau of the Census pegs the population of tri-county area residents age 65 or older at 496,567, approximately 12.5% of the total population of 3,982,766.¹ According to the best local estimates available, those produced by the Southeast Michigan Council of Governments (SEMCOG), the population of older adults will grow to 917,378 by 2030, an 84.7% increase while the overall population is only expected to increase 1.5%.² This means that the proportion of the population age 65 or older will increase from 12.5% to 22.7%, which is a dramatic demographic shift unparalleled in the history of our region.

Not only can we expect to see a growth in the older population, but also an expansion of two divergent patterns in living arrangements: seniors living in multigenerational households and living alone. The tri-county Southeast Michigan region currently contains an estimated 1,489,336 households, of which 355,002 or approximately 23.8% contain persons age 65 or older.^{3,4} According to SEMCOG estimates, a nearly flat overall population change combined with an expected decrease in household size will result in a 12.4% growth in the number of households in the region, for a total of 1,673,684 households by 2030. Due to the dramatic growth of the older population, the number of households with seniors will expand 76%, from 23.8% to 37.3% of households, or from 355,002 to 624,775 households. Likewise, the number of older adults living alone in the region will grow from 154,096 to 273,280, an increase of 77.3%.⁵

¹ US Census Bureau, Population Estimates Program, 2008 Population Estimates, Tables T1 and T8-2008.

² Ibid.; SEMCOG Regional Forecast, <http://www.semco.org/Data/Apps/regional.forecast.data.cfm?mcd=1999; 2999; 3999>, retrieved 10/20/09.

³ US Census Bureau, American Community Survey, 2008 American Community Survey 1-year Estimates, Table B11007.

⁴ Figures from the American Community Survey cited here and elsewhere in this paper have all been calculated to have a coefficient of variation of 15% or less based on the margin of error provided by the Census Bureau and a standard error at the 90% confidence level. This means that there is a 90% chance that the estimates provided vary from the actual numbers in the population by 15% or less, which meets the Census Bureau's own rule-of-thumb for data accuracy.

⁵ SEMCOG Regional Forecast, op. cit.

Such a demographic shift carries with it promising opportunities; this large population of people age 65 and older will comprise, on average, a healthier, more well educated, experienced group of senior citizens who will have ample resources of time and energy to give back to their communities. However, they will not be immune from the negative effects of aging such as increased chances of developing chronic disease and disability, financial struggles as time and inflation whittle away their retirement savings, and the social isolation and loneliness that can accompany mobility limitations and solitary living. Few specific projections are available on the number of older adults who will face the types of challenges that will require supportive services in 20 years. Considering current data on income and disability from the 2008 American Community Survey, in light of the expected changes in population and households outlined above, will be instructive.

Income and Poverty

Adults age 65 and older have an annual median household income significantly below that of the population at large. Median income signifies that point at which half of the households have a higher income, and half have a lower income. In Macomb County, with an overall median household income of \$55,399, households headed by those 65 years of age and older have a median income of only \$33,075. In Oakland County, the total median household income and that of households headed by seniors are \$67,518 and \$41,201 respectively. Comparable figures for Wayne County are \$42,376 and \$30,628.⁶ When the differences in median income are weighted by the number of county households, Southeast Michigan senior-headed households have a median income that is only about two-thirds of all median household incomes. Only households headed by those age 25 or younger have a lower median income.

The figures cited above also make it clear that there is significant variation between the three counties we are examining. For example, senior-headed households in Oakland County have nearly the median income of all households in Wayne County. But there is also significant variation within counties. Despite a relatively high median household income for older adults in Oakland county, that county contains more households headed by those age 65 and older with incomes of less than \$20,000 (19,061) than it does senior-headed households with incomes of more than \$100,000 (15,373).⁷ In fact, among those low-income senior-headed households in Oakland County are approximately 7,303 households with incomes below the poverty line, an

⁶ US Census Bureau, American Community Survey, op. cit., Table B19049.

⁷ Ibid., Table B19037.

economic status that requires significant outside assistance just to maintain subsistence. Across the tri-county area, there are about 34,145 households headed by older adults that have incomes less than poverty level.⁸ In terms of population in the region, about 45,887 community dwelling people age 65 and older have incomes under the poverty line, which represents about 9.6% of senior citizens for whom poverty status was determined by the Census Bureau.⁹ Including older adults who live at the edge of poverty, those with incomes between 100% and 125% of the official poverty line, raises that number to 66,102, or about 13.8% of the older population.¹⁰ Therefore, even amidst relative prosperity, there are significant pockets of serious poverty in our population of older adults.

Disability

Perhaps an even greater challenge than their financial condition for senior citizens and those who serve them is the prevalence of mobility and sensory limitations and other forms of disability among the aging population. Overall, an estimated 188,898 community-dwelling Southeast Michigan residents age 65 or older—that is about 39.6% of the non-institutionalized older adult population—have some type of disability.^{11,12} When one reflects on that statistic—that about two out of every five senior citizens in the tri-county area have difficulty hearing, seeing, performing basic cognitive tasks, walking, climbing stairs, dressing, bathing, and/or running errands without assistance—one cannot fail to recognize the full scope of need and the enormity of potential demand for services as our population ages.¹³

⁸ Ibid., Table B17017.

⁹ Ibid., Table B17001. Please note that the denominator used to calculate the poverty percentages reported here is different than that of some other population measures; it includes only the non-institutionalized civilian population of older adults and not the entire older adult population. By Census Bureau definition, the non-institutionalized civilian population excludes those in the active-duty military and residents of nursing homes, prisons, jails, and psychiatric hospitals. For the tri-county Southeast Michigan region, the overall senior population is 496,567; the population of non-institutionalized civilian senior citizens is 477,501. Presumably the bulk of the difference among the age 65 and older population, 19,066 persons or about 3.8% of that population, is made up of long term care facility residents, most of whom rely upon Medicaid and therefore have incomes under the poverty line as well. As a result, including the entire population would raise the percentage living in poverty by 2 to 3%.

¹⁰ Ibid., Table C17024.

¹¹ Ibid., Table C18101.

¹² For more information on how disability was measured in the 2008 American Community Survey, please see the ACS Informational Page on Disability, <http://www.census.gov/acs/www/SBasics/Information/disability.htm>. For more information on the development of these measures and the differences between disability measures in the 2008 ACS and earlier surveys, please see Brault, M., Stern, S., and Raglin, D. (2007). *2006 American Community Survey Content Test Report P.4: Evaluation Report Covering Disability*. Washington, DC: US Census Bureau, available at http://www.census.gov/acs/www/AdvMeth/content_test/P4_Disability.pdf.

¹³ Please note that the denominator used to calculate the disability percentages reported here, like that used to calculate poverty, includes only the non-institutionalized civilian population of older adults. See note 9 above. For more information on differences in disability status between the institutionalized and non-institutionalized populations, please see Brault, M. (2008). *Disability Status and the Characteristics of People in Group Quarters: A Brief Analysis*

Categorizing the disability figures by type of disability, the most common type of disability in the older population is related to ambulation or mobility. An estimated 124,635 older adults in our region have serious difficulty walking or climbing stairs, representing about 26.1% of the community-dwelling senior population.¹⁴ About 90,165 or 18.9% have difficulty running errands such as shopping or visiting a doctor's office without assistance.¹⁵ Sensory limitations are next in frequency, with about 68,845 or 14.4% of older adults reporting serious hearing difficulties, and 36,100 or 7.6% reporting serious vision problems, even when wearing glasses.¹⁶ A significant number of seniors in Southeast Michigan exhibit cognitive impairment, as indicated by the Census respondent's agreement that they "have serious difficulty concentrating, remembering, or making decisions."¹⁷ The number meeting this description is estimated to be 51,699, which is approximately 10.8% of non-institutionalized older adults residing in Macomb, Oakland, and Wayne Counties.¹⁸ Finally, an important indicator of need for in-home care is the Census Bureau's self-care measure, which indicates whether an individual has difficulty dressing or bathing themselves. Of community-dwelling seniors, 47,032 or about 9.8% have self-care limitations.¹⁹

Future Challenges for Aging Services

When one considers the statistics on poverty and disability in the context of the population projections outlined earlier, it becomes clear that members of the local aging network can expect explosive growth in the demand for supportive services they provide. Even if rates of poverty and disability among older adults are slightly reduced over the coming 20 years as some studies suggest, they will not decrease nearly enough to even begin to offset the sharp increase in the 65-plus population. Therefore, the raw numbers of older adults needing the services provided by the aging network can be expected to climb significantly, most likely mirroring the 84.7% overall growth anticipated in that segment of the population. Considering the difficulties faced by Michigan as a result of the shrinking of the manufacturing sector that has traditionally fueled our economy, and considering the fact that aging services funding has remained stagnant even in good economic times over the last decade or two, an increase in

of Disability Prevalence Among the Civilian Noninstitutionalized and Total Populations in the American Community Survey. Washington, DC: US Census Bureau, URL: <http://www.census.gov/hhes/www/disability/GQdisability.pdf>.

¹⁴ US Census Bureau, American Community Survey, op. cit., Table C18105.

¹⁵ Ibid., Table C18107.

¹⁶ Ibid., Table C18102 and Table C18103.

¹⁷ ACS Informational Page on Disability, op. cit.

¹⁸ US Census Bureau, American Community Survey, op. cit., Table C18104.

¹⁹ Ibid., Table C18106.

state and federal funding to pay for these services is highly unlikely to occur over the coming two decades. Furthermore, this bleak economic outlook also makes it much less likely that Macomb, Oakland, and Wayne will join the other 63 Michigan counties that have adopted millages devoted to senior services. As the population of Southeast Michigan ages, the aging network must be prepared to deliver services more efficiently, to target those services more effectively, to be more vigilant in avoiding the wasteful duplication of services, and to collaborate where possible to maximize the impact of the service dollars that are available. The first step in the process of focusing and streamlining aging services is to determine which services are most needed and wanted by senior citizens and their caregivers; this needs assessment is what we intended to accomplish with our research.

Data and Methods

To conduct a needs assessment of older adults, and to do so on the limited budget that was available, the UWSEM Senior Regional Collaborative decided to take a two-pronged approach. The first step in identifying the service needs of older adults was to employ a focus group-based study of the clients of member agencies. Ideally, the Collaborative would have preferred to conduct a standardized survey of older adults in the region based on a probability sample, which would have enabled us to make quantitative generalizations with some assurance that they were representative of the older adult population as a whole. This strategy, while attractive in many ways, would have been prohibitively expensive to pursue. Instead, to accomplish our objectives for a fraction of the cost of a large-scale survey, the Collaborative chose to conduct focus groups led by volunteer moderators at member agencies that offered space and support to hold them. Despite the shoestring approach, our focus group strategy turned out to be a remarkably fruitful endeavor, resulting in the collection of a rich set of qualitative data that clearly illuminates the needs of area seniors and sheds ample light on the issues faced by aging service providers as they attempt to develop and target effective programs.

Focus Groups

The focus group effort began with two two-hour focus group training sessions for the volunteer moderators, held Wednesday, May 13 and Thursday, May 14, 2009 at the Wayne State University Institute of Gerontology. They were led by Dr. Thomas B. Jankowski, with the assistance of Princella Graham and Carrie Leach. The moderators were given an overview of the focus group method of needs assessment, the issues to consider in recruiting a representative selection of participants, choosing a location and setting for the focus groups, a list of the materials needed, and a detailed presentation on the focus group discussion guide and procedure to follow to ensure a successful focus group discussion. The training sessions also included instructions on how to set up and use the digital recording equipment provided to them, an explanation of ethical considerations in the conduct of focus groups, and the need for obtaining written informed consent from each of the participants. Tips for time management, encouraging full participation, maintaining neutrality on the part of the moderator and recorder, and dealing with difficult situations that may arise during the focus groups were provided as well. Post-discussion tasks were also outlined. The volunteer moderators, although they were all neophytes at overseeing focus groups, were engaged and motivated to do their best in helping the Collaborative to gather complete, unbiased information on the opinions and service needs of

their clients. For the most part, the volunteer moderators performed admirably under very challenging circumstances. For more information on the focus group training, discussion guide, informed consent forms, and a brief survey administered to participants, please see the documents included in the appendix.

A total of 14 focus groups were conducted by the volunteer moderators during the month of June, 2009, involving 134 participants. The focus groups were digitally recorded, resulting in over 17 hours of recorded audio. The English-language audio recordings were transcribed by GMR Transcription of Tustin, California, and the sole focus group conducted in another language, the Jewish Family Service Russian-language group, was translated into English and transcribed by Yuliya Gaydayenko. These transcripts yielded over 500 pages of text to be analyzed. In addition, the comments regarding services made in the focus groups were listed on flip charts by the assistant moderators, and a voting exercise was conducted in which participants were asked to cast votes for the comments or suggestions they felt were of high priority. The voting exercise proved to be an effective means of prioritizing the opinions of the groups and consolidating the focus group results into a manageable summary. The consolidated voting results will be reviewed in the conclusion section of this document.

Service Agency Survey

In addition to the focus groups, Senior Collaborative partners conducted a brief online survey of agencies that provide services to older adults in the tri-county Southeast Michigan area. While the focus groups allowed the Collaborative to capture the preferences and comments of the older adult and caregiver clients of partner agencies, the survey was intended to provide a broad-based view of aging service needs from the provider perspective. The survey instrument, consisting of nine questions, was hosted on SurveyMonkey.com and was open from June 12 to June 26, 2009. A total of 137 agencies were invited to participate, most of which were identified through the United Way 211 provider referral database, and 74 responded by taking the survey. This yielded a response rate of 54%, which is a very satisfactory response rate for a survey of this type.

Focus Group Analysis

Macomb County Senior Services

The focus group conducted by Macomb County Senior Services was held in Warren, Michigan on the morning of Thursday, June 18, 2009. There were 12 participants with an average age of 68, all of whom had graduated from high school and most of whom had attended at least some college. Of the nine who reported their income, six had an annual income of less than \$15,000, but two had a relatively high income of \$30,000 or more. All but one of the participants reported having average or better than average health and activity levels. Although a normal-length session was held, lasting for about 90 minutes, the recording we received from this group was only about 18 minutes long. It is not clear whether this was the result of a technical problem or human error, but in any case, much of the content of the focus group was unfortunately lost. However, using the extant transcript and the recorded voting exercise, we were able to discern the broad interests and preferences of the participants.

The transcript began as the moderator moved the conversation to discuss access and availability of senior services. Participants cited that caregiver services were highly priced, or that they had trouble qualifying for assistance. Other participants discussed owning vehicles but no longer being able to afford their car note payments. One participant suggested offering a program to discontinue loans for seniors as they age or lose loved ones. Income was cited as a roadblock and most heavily weighted in the voting exercise. One participant explained that inclusion of family member's income hindered their ability to secure assistance for some programs,

“That should be way before-for certain things for seniors like food stamps or any type of food program or prescription program. They should not have to count the income of a person that they live with. It shouldn't be a household income. It should just be for that individual person.”

Another participant described similar concerns about income restraints:

“I think the answer would be some of these companies and agencies to just provide low fees to free services or nominal fees to seniors. I mean a lot of people have worked a lot of years and contributed to other things in society. And, you know, there's a lot of us in our sixties that are able to get around and do things, but we just don't have the money to do it.”

This group shared interest in working, but felt because of the economy many of the positions that formerly existed for seniors were currently occupied by people that had no choice but to take lower paying jobs. Several participants cited relevant experiences:

“And right now, it’s so hard to find that part-time position because everything is being gobbled up because of the economy.”

“But, if there could be something specifically, not retraining, but just helping people who are maybe 55 or over, to locate part-time positions in different places.”

“And I don’t drive. So all of mine is limited to right here, where Dial-A-Ride will take me.”

Scarcity of jobs was not the only concern; many participants felt like ageism also played a role in not being able to secure employment. One participant cited her experience with ageism:

“I moved to Michigan in 2006. I had retired from the State of Georgia as a treasury agent. And I applied for a job at a bank. I’m not gonna name the bank-as a mortgage processor, and they hired me. And I was on that job for about six months. And they found out how old I was. And they say, oh, you’re too old, we’re gonna fire you. But they just did other things to just put me in a position to make it difficult for me to do my job. Processing mortgages isn’t difficult, but they just kept adding things on and adding things on. And you know, what are you gonna do? You know, you either end up getting fired because they say you can’t do the job, or you just have to resign and try to do something else. So you have age discrimination as well as race discrimination in a lot of jobs.”

When the discussion shifted to accessibility of services, members of the focus group unanimously agreed that seniors should have greater access to information on services available to seniors. The voting exercise demonstrated the need for marketing to seniors as well as greater access to computers as they are the most common vehicle for information.

The voting exercise further illustrates preferences for the following areas of discussion:

- Current Services: The Prescription Resource Network was most heavily weighted, followed by other services such as need for eye care, Focus: HOPE, and adult day service.

Current Services	Votes
Prescription Resource Network	17
Eyeglass program	7
Focus: HOPE	7
Adult day service	7
Weatherization	4

Current Services	Votes
Mi Works	4
Project FRESH	4
Transportation	4
Help for hire	3
Senior activity centers	3
Meals on Wheels	2
Chore service	2

- **Issues of Service Availability/Access:** Participants reported that having a fixed income was the biggest barrier to accessing services. They also expressed that they had insufficient funds to hire adequate caregiving services, and that they often felt frustrated by needing help with everything.

Availability/Access	Votes
Fixed income	14
Caregiver-limited funds	8
Need help with everything	8
More information out to seniors	7
Voucher for automobile	5
Only count income of senior	5
Age-a lot of companies won't hire	5
Getting out of auto loan	4
Auto from charities	4
Economy-if better more people would be working	3
Workers-can hinder you seeking services	2

- **Barriers:** Income was overwhelmingly weighted most heavily in this subject of discussion. Utility and prescription costs followed, with fewer votes being allotted to family income playing a role in obtaining benefits. Not surprisingly, transportation also made the list to being a barrier to receiving services.

Barriers	Votes
Income	22
Utility bills are high	11
Prescription costs	11
When apply for benefits (using family income)	10
Transportation-don't cross city lines, unreliable	8
Road construction	1

- **New Services/Improvements:** Focus was on the need to market to seniors and providing more information about what services are available. There was discussion about the lack of access to computers, which are now the primary mode of providing information.

New Service/Improvements	Votes
Recycle computers for seniors-email, etc	17
Marketing services	15
Finances	13
Lower fees on services	12
Fitness center-without membership fees or lower fees	12
Volunteers-to get seniors in the tech loop, use laptop etc	12
Transportation-be on time	11
Lower fees at senior centers	8
Meals on Wheels-look at menu, not as spicy	7

Adult Well-Being Services

The Adult Well-Being Services focus group was conducted at the Butzel Family Center in Detroit on the morning of Thursday, June 18. The average age of this group of nine participants was 66. They overwhelmingly reported having average or worse health and average or more limited activity levels because of their poor health. Seven of the nine reported having an income of less than \$10,000, and six reported having attained less than a high school education, making this the focus group with the lowest socioeconomic status of all the groups conducted for this research.

Discussion began with what services were deemed most important for seniors to maintain happiness, health, security and independence. Participants cited the need for eyeglasses and dentures, and dental, chiropractic and health services. Discussion shifted to senior complexes and living. Participants expressed concern about younger people living in buildings designated as senior housing. The moderator moved the conversation to have the group address how services could be improved. One participant raised the issue of accountability in hospitals, as well as the practice of overcharging for services and pharmaceuticals, having improper care and poorly trained EMS technicians. A few of the participants shared their concerns on the topic:

“That’s like I think the hospitals are really overcharging you for services that they call themselves providing, and actually not. Then when you get your bill, they put stuff on there that you haven’t even received, you know, because I tripped over something and broke my toe. All they did was take a little piece of tape and tape my toe to the other toe, and they want to charge me like a hundred and some dollars for a piece of tape. I’m not paying that.

And here’s something, I’m very clumsy at times. I was walking past the vacuum cleaner and hit my other toe. And I think it was broke, so I taped it to the other one. That’s all I did. I’m not going to the hospital for that. You know, and I knew it was broke...I just got my tape and taped it.”

Another participant said:

“I’m a diabetic and they cut out a lot of things for diabetics like your feet be real dry. They don’t give you nothing to put on your feet. My dad, he already got one of his legs cut off. I’m afraid I’m not getting the proper care for mine.”

Other discussions included the poor treatment that had been experienced specifically from staff members of the Michigan Department of Human Services (DHS). The group members reported that the staff at DHS had poor attitudes, were impatient and rude, and that they had experienced long waiting times at DHS and other social services agencies.

Discussion of the group moved to brainstorming about how services could be improved or new services could be developed that might address their needs. The participants overwhelmingly expressed the need for increased safety and security and voted most heavily for expanded police protection including additional precincts and mini-stations. The group also expressed the need for chore services to assist them with upkeep of their homes and properties.

The voting exercise further illustrates preferences for the following areas of discussion:

- **Current Services:** Complaints about current services included participants experiencing being overcharged at hospitals as well as receiving poor care while they were there. Also included in the voting exercise and receiving several votes were the need for doctors to be more accountable and for medical service to be located closer to their homes.

Current Services	Votes
Hospitals are overcharging seniors	8
Services at DMC are better than at St. Johns	7
Doctors need to be more accountable	6
Good experience at Secretary of State	6
Medical service close to home	5
Dept. of Human Services staff is mean and rude	5
Diabetics not receiving proper services	4
Staff at St. John are not qualified	2
DHS staff is slow to serve people	2
EMS is late picking people up	1

- **Issues of Service Availability/Access:** Most heavily weighted was income limits preventing participants from being able to qualify for services. The other two most weighted items from the voting exercise were the need for advocacy and home visits from social workers.

Availability/Access	Votes
Certain income limits prevent you from getting services	8
Need social worker advocate	8
Needed social worker to make home visit and she wouldn't	7
Problem getting transportation	5
Satisfy people and they will tell others	3
Flyers distributed to seniors about services	3
If don't select the right service from DHS they will deny you	3

- Barriers: Group members focused on the need for chore services and other services including dental, eye, and chiropractic services. Discussion centered on the decline of senior services as well as frustration over other groups not being targeted for service cuts.

Barriers	Votes
Need for glasses, services are getting cut	11
Need dental services	5
Moving seniors out of their homes and neighborhoods	5
Cutting chiropractic services	3
Cutting senior services	3
Don't understand why they are cutting senior services	3

- New Service/Improvements: Participants focused on transportation and the need for increased effectiveness in the dissemination of information to senior citizens. Additionally, participants cited that they were limited in their ability to qualify for services because of income limits.

New Service/Improvements	Votes
Bus service should be free for seniors 65+	7
Remove barriers to enter store	6
Lawn service for seniors	5
Need more police precincts and mini-stations	5
Able to have METROLift card and D.O.T. card at same time	4
METROLift needs flexible schedule	3
Need police service where seniors live	2
Landlord is cheating tenants	2
Better managed senior apts-young people are living in them	2
Government needs to set/enforce age requirements	2
Maintenance have and do not need a key to every apartment	2

Bridging Communities

The Bridging Communities focus group was held at their facility in Detroit on the afternoon of Tuesday, June 16, 2009. This group of eight had an average age of 69, an average level of education and income overall, and uniquely, was the only group that unanimously reported living alone. The group reported having worse than average health and lower than average activity levels. All of the participants reported that their health stood in the way of doing the things that they wanted to at least some of the time.

Discussion began with what keeps them from being able to maintain happiness, health, security and independence. Participants discussed the need for security and heightened police protection in their neighborhoods. Complaints included stolen cars, abandoned houses and their houses being burglarized. Other comments about this as a barrier included:

“They have a torn up house next door that they tore up pretty good, and they used the garage as a chop shop. And when they’re done chopping up the car, they put it in the alley and blow it up. Well, in the meantime, they’d catch my garage on fire and my garage got on fire twice in a year’s time- not even a year’s time, so when my insurance came up instead of it being \$700.00 or \$800.00, it was \$3,700.00.”

Another participant cited:

“Then my house was broken into twice, so my sister and my brothers want me to get outta there, but I’ve got too much stuff in the house to pack up and go.”

The moderator moved the conversation to current services. This group was quick to start with Focus: HOPE, and the invaluable services that it provides, as well as Meals on Wheels. These two programs combined earned the highest number of votes. The conversation continued as participants discussed the need for home repairs and the need for help. Several group members gave accounts of home repairs that they needed to have addressed, “Yeah. Well, the roof and the windows.” Another participant comments, “I try to maintain it and he helps me maintain it as far as work around the house, so the roofing and windows. They’re old; they’ve been there for 20 to 25 years, so it’s time.” The moderator interjects, “So as we age the houses are aging around us.” Another participant adds, “My steps are crumbling really bad, but I still walked up and down them; everybody else was afraid.”

The moderator shifted the conversation by asking the group to brainstorm about how services can be improved. Several ideas were discussed, including improving follow-up and increasing

funding and opportunities to be able to acquire home repair grants. The voting exercise reiterated this preference, as the home repair option received the most votes. Other options for improving services included expanding home chore assistance (i.e. snow, grass, etc.), increasing the number of volunteers and improving transportation services.

The group was asked to expand on the improvement of services and brainstorm about what new services could help them lead happier, healthier lives. This topic allowed seniors to share their preferences about the need for expanded activities that would unite seniors and offer social outlets for them. Although the request was not explicitly suggested, it is implied by the following comments:

“I don’t know anyone here individually, but it’s been my experience in life that whenever people get together in art and crafts it’s a soothing effect that occurs.”

“When there’s more people together they’re talking, they’re speaking, they’re communicating, they’re moving. It’s kinda like you said, you like to get out in the winter. Well, if something was there for you to come to in the winter it might-I mean it’s not that you can’t do it- it’s that togetherness. That’s all I want.”

“Anyone that’s ever participated in a arts and crafts program where there are other people sitting alongside of you, you might hear some quiet conversation, but there’s an easiness about the area. There’s an easiness because everyone is creating something, but at the same time their mind is drifting, and it kinda assuages them and relaxes them.”

The moderator moved attention away from the arts and crafts discussion and asked the group to think of other improvements. Participants suggested expanding marketing, so that they could be more informed, not only about services but informed about referrals, grants, advocates, legal support, and digital TV transitions. Additional noteworthy discussion included the hike in utility costs and the need for assistance in maintaining service.

The voting exercise reiterated their preferences for the following areas of discussion:

- **Current Service:** The focus was on services that helped them maintain their homes and other services that would benefit them by providing a service that was delivered in their homes.

Current Services	Votes
City of Detroit Home Repair Grant	12
Bridging Communities	9
Meals on Wheels	8

Current Services	Votes
METROLift	5
Home repair-major i.e. roof and windows	3
Children in neighborhood	2
Once a month food commodities City of Detroit	2
Weatherization	2
Family members help	1
Focus: HOPE	1

- **Issues of Service Availability/Access:** Participants reported the need for increased education about TV, referrals, computers and available services. Other major focus was on the need for social activities, (i.e. arts & crafts, exercise) understandably as all of the participants reported living alone.

Availability/Access	Votes
Advocacy for legal services, services and utilities	7
Education about digital TV	6
Arts & crafts	4
Exercise classes	3
Have items donated that work	3
Computer classes	3
Easier access to information and referral	2
Improving flow of information and education	2
Winter activities that encourage social activities	1
Additional educational services	1

- **Barriers:** The most heavily weighted item in the voting exercise addressed security issues including accounts of theft and abandoned houses. Other concerns that were heavily weighted by the group included the need for chore services and not wanting to ask for help to maintain their homes and properties.

Barriers	Votes
Security issues with theft	8
Abandoned houses in neighborhood	8
Chores i.e. cutting grass, snow removal	4
Insurance: medical problems aren't covered	3
Feeling down because not busy	3
Don't like to ask for help	2
METROLift is not convenient	2
Transportation	1
Increased medication	1
Problems getting from place to place	1

- **New Service/Improvements:** The most votes were apportioned to home repair, updates and the need for more volunteers throughout service organizations.

New Service/Improvements	Votes
More opportunities/availability for home repair	9
More volunteers	7
BCI expansion	6
Senior center activities more personalized	6
Continued ongoing contact	4
Energy efficiency-applications need follow-up	2
Varied transportation fees	2
Increased information about services available to seniors	1
Transportation flexibility/scheduling/availability increased	1

Community Living Services

Community Living Services held their focus group on the afternoon of Wednesday, June 17, 2009, at their offices in the City of Wayne. This group had five participants, making it the smallest focus group. The participants' self-reports of income, education, health, and activity levels compared to other people their age were unremarkable. Excluding the single 28-year-old caregiver who participated, the average age of the group members was 65.

Introductions were made before the moderator proposed the first question, asking the group members to explain what services that were currently being provided to them helped to maintain their happiness, health, security and independence. Participants listed several useful services including housekeeping, homecare, and respite care for the benefit of caregivers. The group socialized quite a bit discussing the details of Medicare, Medicaid, and other senior provisions and needs.

The moderator asked the group to move to how services could be improved which led to discussion about the need to increase the number of live-in supports available, which, in the voting exercise, tied the need for recreational activities. Debate continued on how important respite care was versus adult day care and group home care. Participants also spoke about the need for vacations. This idea led the group into a discussion of recreational trips and activities that they would like to be offered including trips to Disney World, the movies, and other traveling hopes.

Participants felt the constraints of the economy negatively affecting provision of the types of services they need. Funding is something that the group would like to see returned to their services as a whole. Comments included:

“Well, the number one problem is funds. I’m sure that the services would be better and they were better years ago, when we was not in a recession. So that’s the biggest problem- money.”

“Because since the recession, they’re constantly cutting funds; they’re constantly cutting the services. So without money, you can’t provide better services, so that’s the problem.”

Participants began brainstorming about how to address issues of senior citizens:

“Well, say if money was not an issue, and say, for example, the name of this company is Community Living Services. If they just had a program, basically set up for seniors and for people with disabilities, and they had all these different services that can help-say, for example, for her, someone to come to the house. If they could just meet the needs for people with disabilities, people that are care providers. If they had it in one agency, where you don’t have to go to a bunch of agencies to get the help that you need- if one agency can really meet all the needs, it would be great.”

The moderator interjected:

“So you’re thinking, sort of, if there was a one-stop shop, where you could go in and say, ‘I’m having problems with this,’ or so-and-so could use a little help in this area, and maybe this area, and maybe this area-they could get all of those services in...a one-stop in your community.”

Conversation continued:

“Yeah, it’s like a super center-like Wal-Mart. You can go to Wal-Mart, you can do your grocery shopping, you can get your clothes, you can get everything.”

“Your nails done, your hair done, your vision care, all of that.”

“Wal-Mart is wonderful. It’s a super center, so that would be super services.”

“Super services, that’s a good way to put it.”

Participants were very enthusiastic about the “one-stop shop” concept for senior services. The moderator then asked what other creative or imaginative ideas they had for services. The group quickly generated ideas about how to help seniors. The importance of residing within their own homes was expressed and the freedom and scheduling of meals, sleeping, reading, and flexibility were all mentioned.

Accessibility was then discussed without the moderator’s prompting. Participants discussed the frustration that accompanies ever declining services including medical and psychiatric; but not only arranging for the services, rising co-pays, physically not being able to access the services due to the lack of wheelchair or scooter accommodation.

The voting exercise reiterated their preferences for the following areas of discussion:

- **Current Service:** The group weighted caregiver support and limited access to care as the two most important services followed by having caregiver services and a lack of understanding of how to access services.

Current Services	Votes
Caregiver support group	8
Limited access to care	6
Caregiver services i.e. homemaking, personal care	5
Lack of understanding of how to access services	4

- **Issues of Service Availability/Access:** The most heavily weighted item for this voting exercise was the need for increased knowledge of services. Following close behind was difficulty identifying doctors and other health care providers that accept Medicare and Medicaid.

Availability/Access	Votes
Increased knowledge of local services at the State level	8
Difficulty identifying doctors that accept Medicare/Medicaid	6
Barrier free	5
Better advertising of services	4
Ability to access services	2

- **Barriers:** Funding cuts were voted as most important barriers in order to receive adequate services. In addition to needing increased funding, the need for recreational activities was also heavily weighted. Other items that were considered include increased respite care, improved transportation services and improved service delivery.

Barriers	Votes
Increase in funding	7
Increased recreational activities	6
Better transportation	4
Increase in respite services	4
Improve service delivery (one stop in your community)	4

- **New Services/Improvements:** Tied with the most votes from the exercise are the need for live-in supports and recreational activities. These important service requests were followed by the need for weekend care as well as improved service delivery.

New Service/Improvements	Votes
Live-in supports	6

New Service/Improvements	Votes
Recreational activities	6
Weekend care	5
Super services-improved service delivery	4
Educational opportunities	3

Catholic Social Services of Wayne County - Detroit

The staff of Catholic Social Services of Wayne County were kind enough to hold two separate focus groups, one for their Western Wayne County clients, and the other for City of Detroit residents. The Detroit group was conducted during the afternoon of Wednesday, June 10, 2009 with 10 participants. The average age of this focus group member was 70; approximately half of the respondents lived with someone and half resided alone. Almost all of the participants had some college, a relatively high level of educational attainment, and 80% were female. This group had a relatively low average income, but reported a range of average to higher than average health and activity levels.

Following introductions, the discussion began with what barriers were hindering the group members from leading happy, healthy, secure, independent lives. This topic was not included in the voting exercise, but preferences can be discerned through the dialogue that was transcribed. The conversation included discussion about physical constraints and pain as a barrier, as well as feeling unsafe in their neighborhoods. Two participants shared the following:

“One of the things that hinders me at times is pains that keeps me from running and doing my four-mile walk like I used to. And bending if I need to pick up something from under the bed, well, I can get down, but it’s gonna be a little difficult getting up.”

“Well, of course, health reasons have hindered me from doing- I have 13 steps to my apartment and I go up these steps now, like a baby, where I used to just go up them. And then, if you do-they suggested that I need to take exercises and walk, so when you get older-your neighborhood changes too. I don’t feel that safe walking, especially by myself. And then maybe you don’t have money to go to the mall, to drive and to walk-maybe a safer place.”

The discussion continued as the moderator asked the group to think of ways to overcome the barriers. One participant cited:

“A lot of people are in the homes because they don’t have too much companionship. So if they had companionship or someone to take them somewhere to do something with them, like Mr. T____. The

companionship is very important a lot of times because there's a lot of people that are lonely. They don't have anybody and what not and it's always good to sit down and talk to somebody. It's always good to talk and then look- just companionship is very important."

While this area of discussion was not weighted in the voting exercise, loneliness and isolation was a recurring theme throughout all of the focus groups. Other barriers discussed included the need for family members to be more educated about how to deal with seniors, and the need for transportation. As noted previously, the need for increased social activities resurfaced constantly throughout the dialogue.

Participants were asked to identify how services could be improved. Several solutions were debated, including the need for more communication and information provision. Participants expressed the need for more flyers, church bulletins, supermarket postings, public announcements or other vehicles to be able to reach seniors who are not computer savvy.

The moderator asked the seniors to brainstorm about what services they need, but do not already exist. This generated several ideas, some more practical than others. Participants suggested having a program that allows seniors to travel, on a cruise, to Jamaica or all the way to Africa. Other group members narrowed their traveling aspirations to museums, science centers, cultural centers, sporting events, libraries, to see plays, and to visit Greenfield Village. The need to explore events outside of their community was also weighted heavily, validating their preferences.

Availability of services was the next item on the agenda. The group was asked to speak about their experiences in accessing services. Participants reported staff members in various agencies lack of knowledge as an issue. This was not only with administrative staffers, but also with doctors as deficient providers of concerned and empathetic care. Discussion continued on the topic for some time as group members shared accounts of treatment gone wrong in hospitals, nursing homes, and at the hands of their own family members. Concerns included the need for second opinions, costs that have skyrocketed in terms of care and pharmaceuticals, and mistreatment. Comments included:

"And how they can- somebody they should be able to know who they can call when they're being mistreated. If they have to- a lot of times, they're so bullied...they don't call [inaudible] because they're scared. But somebody needs to investigate and check on these people every so often. If it's every three months. Check on them because they're with their family don't mean nothing. Usually it's the family that is mistreating. And they keep them there just to get that check."

“That’s right. But that is one of the worse things I can think of is them being abused. They can be mentally abused. It don’t have to be physical.”

The group continued this conversation for quite some time requesting assistance via a resource that would allow for a person to contact seniors and verify that they are safe, protected and receiving adequate care.

The voting exercise reiterated their preferences for the following areas of discussion:

- **Current Services:** This group weighted the need for social activities the greatest, followed by transportation. These things work hand in hand, the limitations of not being mobile limits the ability to travel to places that offer social outlets.

Current Services	Votes
Social activities	19
Transportation	15
Chore services	10
Recreation	3

- **Issues of Service Availability/Access:** Participants votes reiterated the need for more information; the second most weighted item was the need to be able to access services. These two needs can also work concurrently, group members also suggested that staff members be better informed.

Availability/Access	Votes
Information about abuse	13
Accessing services	12
Department of Social Services should be better informed	10
Public TV	6
Radio	4

- **New Service/Improvements:** This group uniquely voted overwhelmingly for travel programs for seniors. In addition to the request for travel opportunities, participants cited the need for other social events and outlets including sightseeing, senior social clubs, and increasing diversity of activities. Participant’s requests were not all leisure related, as the voting exercise demonstrated that they would like to see an increase in the number of volunteers and increased training for staff and volunteers universally.

New Service/Improvements	Votes
Travel program for seniors	19
More volunteers	14
More training	14

New Service/Improvements	Votes
More transportation	11
Site seeing	9
More staff for convalescent homes	8
Communication i.e. flyers, public announcements, etc.	7
Senior social clubs	6
Survey the community	3
Confidentiality	3
Fliers/information	2
Diverse activities	2

Catholic Social Services of Wayne County - Western Wayne & Downriver

In addition to their Detroit group, CSS Wayne also conducted a focus group involving 10 of their Western Wayne and Downriver constituents the morning of Wednesday, June 10, 1009. This was a diverse focus group, with the average age of the participants being 75 and ranging from 62 to 87. Half of the group members reported living with someone else and half reported living alone. Almost all of the participants were female and reported being in average health with average activity levels. Half reported incomes of less than \$10,000 per annum, and education levels of group members varied widely.

Discussion began as the moderators asked everyone to consider what might keep them from maintaining their health, happiness, independence, and security, and what sort of things were barriers for them. Participants cited mobility and domestic chores as barriers, and they reported specific limitations such as pain, arthritis, not being able to vacuum, not being able to reach things, and hearing loss.

Next, the group was asked what type of services would help them address the barriers that they discussed. There was not much discussion about solutions, but participants did discuss the need to support one another, and stories were exchanged about their experiences. The voting exercise demonstrated that participants felt that more money needed to be allocated to senior services, followed by spending less time on waiting lists.

The moderator directed the discussion to the issue of the existing services that the group felt were important. One participant suggested that Meals on Wheels should expand to be able to reach more seniors. Another participant suggested having doctors available to make home visits. The need for access to information was also highlighted by a participant:

“I have a comment in regards to that-I’ve been working all my life, and I’ve never gone out to get help from the County, the State, those kind of things. There should be some kind of avenue where, when one gets to a certain age, that this information is given- provided for them, so they know where to go, and what to do, and things that are offered to them. I don’t see that happening in my city anywhere....if nothing else, mailing list sent out to persons once they become a certain age, to let them know the many services that are available to them. I really don’t know.”

The participants were asked to brainstorm about what new services would be helpful, or what service improvements would help them. Several ideas were shared such as the need for chore services, and other comments included: “A small bus will come and pick the senior citizens up, and take you to the doctor,” “Day care,” and “...someone to come and cook your meals.”

Participants cited the need for increased information about services that exist. One participant cited:

“These services are in existence, most of them, that older people need, we just don’t have the help out there that it takes to get around to all of the old people that need them. The services are there. Like I say, we just don’t have the people available that can do these things. That’s the problem. We need more volunteers, or paid employees, or whatever it takes to provide these services because the services are there. I can’t think of anything else. You’ve got people that comes and gives you a bath, they cook for you, they clean up your house, they shovel your snow, they mow your lawn, so what else is there?”

Lastly, the moderator asked the group to discuss availability of services. Participants shared their frustration over waiting lines and not being able to talk with someone about services. It was also shared by more than one person that the attitude and behavior of the staffers they encountered, primarily in government rather than private agencies, discouraged them from further interacting with some service agencies.

The voting exercise reiterated their preferences for the following areas of discussion:

- **Current Services:** The most heavily weighted item for the voting exercise pertained to this topic of transportation. Meals on Wheels and outdoor home maintenance services were tied next, followed by the Adopt a Grandparent program and household chore services.

Current Services	Votes
Transportation	13
Meals on Wheels	12
Lawn cutting/snow removal	12
Adopt a grandparent	10

Current Services	Votes
Chore services	9
Day care	7
Doctor home visit	4

- Issues of Service Availability/Access: The number one issue for this group was the service that they received. Almost all of the votes were given to complaints about service access and delivery:

Availability/Access	Votes
Given the "run-around"	22
Attitude- of people who are supposed to be helping you	16
Being able to speak with someone	13
Long wait (DHS) Bridge card	9
Improved access-because of status	8

- Barriers: This section was not voted on during the exercise but topics of discussion included:
 - Illness-physical, emotional, mental
 - Mobility
 - Mental ability
 - Other people's perception of what you can do/ restricting my activities because of their perceptions, hard for them to accept my independence
- New Service/Improvements: The most heavily weighted item for this area of discussion was the need for increased funds to be allocated to senior services. Participants also heavily weighted the need to decrease time that they spend on waiting lists and increasing the number of staff members that are in each agency.

New Service/Improvements	Votes
Increase monies for senior services	17
Decrease time on waiting list	11
Increase staff/help need help	10
Increase communication about services	9
Butler/maid	8
Information about services that are available for seniors	7

Jewish Family Service - Russian Language Group

Jewish Family Service was another organization that generously offered to conduct two focus groups, one in English and one in Russian, and to transcribe and translate the Russian language group's audio recording for analysis. The Russian language group was conducted the

afternoon of Wednesday, June 17, 2009 at the Jewish Community Center in Oak Park. This focus group was one of the most unique for several reasons. It was the only session conducted in a language other than English and was the largest of all of the groups, with 16 participants. It was also the only group that was predominantly male with only 25% of the participants being women. The average age of the group was 72 with years being born ranging from 1920 to as late as 1947. This was also the most highly educated group, with 10 of the participants reporting having a college degree, but one of the poorest groups as well, with nine of the participants reporting an annual income of less than \$10,000. Overall, the group members reported being in average health and having average activity levels compared to other people their age.

The moderator led the discussion asking the group to share what they thought hindered their ability to live happy, healthy, secure, independent lives. The group began with an extensive conversation about transportation. This topic was overwhelmingly the biggest barrier, not only in terms of being able to access transportation when it is needed, but also the cost, accessibility, and hours of operation. The group shared their own accounts of how this hindered their ability to stay healthy as well as active. Additional topics that surfaced as barriers were homecare and, not surprisingly, linguistic and/or cultural barriers.

The moderator asked the group which of the services that they are aware of, “are most important to help you or other people your age maintain your happiness, health, security and independence, and to help you to participate in activities that you enjoy?” Security was the first item up for debate. This item was most heavily weighted in the voting exercise, reiterating the necessity of security at the Jewish Community Center. Other items that were discussed throughout the focus group that received the remaining majority votes included transportation and Project Chessed, a referral network that connects medically uninsured adults to necessary medical care, provided pro-bono by participating physicians and institutions. The group also discussed how vital the Russian speaking case management help was in assisting them with tasks, such as making phone calls, filling out paperwork and making appointments.

New services were discussed next, as well as brainstorming about what improvements would help the participants to maintain their health and happiness. The group overwhelmingly voted for the need to be able to reach beyond their language and cultural boundaries and for additional Russian-speaking help, including Jewish Family Services Russian speaking case managers and the provision of Russian speaking legal assistance for free or a discount.

In addition to acquiring assistance to help them overcome their language barriers, the group also strongly expressed the need for a nurse to be stationed in each Jewish Community building as well as having the length of time reduced to replace medical equipment.

The voting exercise conveyed their preferences for the following areas of discussion:

- **Current Services:** The group overwhelmingly ranked the necessary security that exists within the Jewish Community Center as their preference for services that allow them to maintain their health, independence and security.

Current Services	Votes
Jewish Community Center Security	19
Russian speaking case management	9
Escorted transportation services	9
Transportation for shopping	7
English as a Second Language courses	7
Homecare	6
Memory club/group Russian	6

- **Issues of Service Availability/Access:** The group only had two items on the voting exercise, with the priority indicated as having trouble accessing any communal services due to a language barrier. The next weighted item was nearly tied in terms of weight given; the need for entertainment options, particularly TV, being limited and/or inaccessible.

Service Availability/Access	Votes
Trouble accessing any communal services due to language	14
Entertainment options, particularly TV, limited/inaccessible	13

- **Barriers:** Transportation overwhelmingly received the most votes for being a barrier, including accessibility, cost, and hours of operation. The lack of homecare was also a service that these participants perceived as being a barrier to living healthy, happy, secure, independent lives. This group also heavily weighted their culture and language barriers that hindered their ability to secure resources.

Barriers	Votes
Transportation-accessibility	12
Transportation-hours of operation	8
Transportation-access	7
Transportation-cost	6
Homecare	12
Language/cultural barrier	10

Barriers	Votes
Memory club/group-Russian	6
Exercise opportunity in buildings	5
Access to buildings for family of JFS residents	5
Cost of events	4

- **New Service/Improvements:** The discussion continued as participants cited the crucial need for increased resources and staff that could speak their native language, Russian. They requested case managers that speak Russian, legal counsel that offered discounted rates or worked pro-bono that speak Russian, as well as other agencies that offered bilingual assistance. Less heavily weighted was the need for provision of a nurse in each building throughout the Centers, followed by homecare and improved transportation services.

New Service/Improvements	Votes
Russian speaking legal assistance	17
Availability of JFS Russian speaking case manager	16
# of Russian speaking case managers	13
Nurse in each building	21
Length of time it takes to replace medical equipment	20
Create job opportunities within JFS	12
After hours transportation	10
Include fitness/exercise room in senior discounts	8
Increase homecare hours/per person	8
Option to opt out of meal plan	5
More variety in soup choices w/meals	4
More maintenance help and minor home repair	1

Jewish Family Service - English Language Group

The second JFS group was conducted in English on Thursday, June 18, 2009 at the JFS offices in West Bloomfield. This group was comprised of 10 participants with an average age of 76. It was unique in that it had two of the oldest people that participated in all of the focus groups, both born in 1918. Almost all of the participants reported living alone and the majority were female. The demographic questionnaire demonstrated that most of the participants were in average or better health and had slightly higher than average activity levels compared to people their age, with their health somewhat hindering their ability to be active. The group had an average level of income and was fairly diverse in terms of educational attainment, tending toward a somewhat higher than average level of education.

The discussion began by having the group talk about what barriers hindered them from leading a happy, healthy, secure, independent life. Discussion began as participants voiced concerns about their ability to update their homes with necessary equipment to make it easier to be able to enter and exit the shower and/or bathtub. Additional needs discussed included eyeglasses, eye care, dental care, medical equipment, railings, grab-bars, medical services, and lack of insurance that provided any real comprehensive coverage leaving the client with large co-pays. Participants cited the issue of being able to afford not only the co-pays but also medications that they needed, not being able to afford food, lack of food stamps, and lack of resources to learn about medications. The discussion touched on both the need for transportation that was more accommodating and information that was more accessible; both creating barriers for seniors when they are not able to access them as resources.

The moderator shifted the discussion to services that were currently available to seniors that were deemed vital. Transportation was the first topic introduced, which was also weighted the most important on the voting exercise. Equally important was the need for seniors to have services provided within their homes, including case management and dental care among others.

Participants were encouraged to share how they thought services could be improved or what new services were needed. Home repair and adjustments surfaced regularly as it did likewise in the voting exercise. One participant shared:

“Well, I know that I had some things to be moved out of a storage room. And I had to move something, and I was afraid to do it because of my knee surgery. Well, I had to wait until my son could come over because you can’t ask the wonderful young men who work there who do a lot of wonderful things for us, to help because if he did it for me, he’d have to do it for 300 other people.”

The next item on the agenda asked the group what new services would help them lead happier, healthier lives. Participants cited the need for garages or carports in the Jewish Community Center campus housing facilities, as well as equipment such as grab-bars that make entering and exiting their bathtubs less dangerous. Other relevant ideas that came up in the conversation included the need for walkers, homecare, personal care, and medical equipment. Ideas about how healthcare should be offered universally surfaced and lastly, the group spent a great deal of time on transportation services. Some of the issues included the limited routes and operating hours of the transportation service, which created difficulty when trying to schedule appointments.

The voting exercise reiterated their preferences for the following areas of discussion:

- **Current Services:** Participants reported transportation as the most important service that they currently utilize to help them maintain healthy, happy, secure, and independent lives. Offering programs and social services in their homes was tied for first place in the voting exercise.

Current Services	Votes
Programs in apartments	10
Transportation	10
Tub accessibility	7
Dental program in Oakland County	5
211 helpline-resources	2
Security (Community Security Services)	2
Social workers in apartments	1
Homecare	1
JFS case managers	1

- **Barriers:** The voting exercise reiterated discussion as group members identified the skyrocketing costs and the strain it imposes on their unvarying budgets. They deemed the following as barriers: The gap between Medicare and Medicaid; the cost of medications and lack of adequate coverage to be able to afford those medications; the increasing cost of food; and homecare and personal care. In addition, program cuts such as emergency prescription assistance, Medicare and cuts to programs in general were also included as a concern.

Barriers	Votes
Medical services i.e. eye, dental	8
Transportation in general	5
Increase in cost of food but not quality of food	5
Access to bathtub	4
Cost of medications/not enough coverage	4
Unemployment services	3
Free medication program cuts	3
Transportation (long distance)	2
Gap between Medicare/Medicaid insurance coverage	2
Home safety adjustments, i.e. rails for stairs	2
No option to opt-out of meal plans	2
Funding for programs in general	2
Lack of information	1
Medicare: cost of living will not be done	1
Cost of homecare/personal care	1
Automated phone services	1

- **New Service/Improvements:** The broad preferences for this voting exercise included the need for better accommodation, in terms of both in-home assistance and home-based medical care. Specific examples included the need for showers versus tubs, other home adjustments, moving and packing assistance, snow removal, increased homecare and personal care, expanding volunteer services as well as the need for carports or garages for their cars.

New Service/Improvements	Votes
Garage/carports	9
Healthcare reform-national coverage	9
Snow removal services	9
Door to door transportation	7
Raise food quality	7
More community programs to regional programs	6
Better public transportation	6
Individuals apts- shower vs. tubs	5
Have actual people answer phones	5
Raise funding for programs	5
Moving/packing assistance	3
More options for senior housing- affordable and accessible	2
Expand volunteer services	2
Pay for gas for volunteers	2
Engage more males in activities	1
Make doors lighter/easier to open	1
Home adjustments/repairs	1

Alzheimer's Association

The group conducted by Alzheimer's Association staff was held the morning of Monday, June 22, 2009 at their offices in Southfield. This group of six was among the youngest with an average age of 63. All but one of the participants reported living alone, which may indicate atypical characteristics when compared to the findings of the other focus groups. This was one of two groups that had only female participants. Unique to this group as well was the great condition of their health and high activity levels, with their health seldom impacting their ability to be active. In addition, this group reported the highest income levels, which suggests that the majority of them are either still employed or have some other source of income.

Following introductions, the moderator asked the group to share their accounts of what they thought were barriers to them leading happy and healthy lives. The brainstorming was effective as ideas started to surface about every topic imaginable; transportation, social isolation,

household chores, safety in showers, safety in neighborhoods, physical, medications, stair climbing, equipment for the bathroom, and finding someone trustworthy to enter the house. The discussion focused for some time on the lack of information resources available. Participants objected to the status quo and shared accounts of their struggles with finding doctors and other services, resources, or referrals.

The moderator asked the seniors to share their thoughts about how they could overcome those barriers. One particular topic that seemed to resurface during many of the focus groups was eating. A participant shared:

“One of the ones that we didn’t mention were meal preparation or making sure that seniors are eating. Sometimes they don’t eat during the day. And Meals on Wheels is the great opportunity for them, but people cannot wait 18 months to two years on a waiting list to even be considered for that.”

Underfunding was discussed as well, not only pertaining to the Meals on Wheels program and their inability to deliver food to everyone but also underfunding of Smart Bus, and volunteer programs. The group continued discussing senior day programs and the value of being able to interact with others. Participants made the following comments:

“And also, in Macomb, they have the senior day programs, but for those of us that are still a little bit more mobile and what have you, the activities at the senior center, where they have-it’s a quarter, and they have a walking track, and they have Tai Chi and yoga.”

“I go to the Macomb Recreation Center for exercise and so forth, and they had- they took a survey there, where now they’re going to have the Meals on- they’re going to have senior lunches. It’s not called Meals on Wheels. And they’re going to bring them to the recreation center. So if you want to eat there, you can. As you said, you have to pay a small amount, three dollars or something.

I think that that is a really good program because I think eating alone- because I am alone. I eat alone a lot because I’m alone. That is the hardest thing is to not be eating with people. Then, I think you end up not eating as much or not eating well. You just grab something. So that’s very important, having those congregate places that people can have meals together.”

Discussion continued as participants brainstormed about other ways to overcome barriers. The need for information was discussed, along with providing companions and advocates for seniors.

The moderator moved the conversation along suggesting that the group try to think of ways to improve services. The first idea was “getting some money...,” without any specific suggestions

about how to accomplish that goal. Ideas that followed were the need for information and the need for resources to be better publicized. Participants discussed the need for social outlets and events, suggesting movies or lunch.

Access and availability of services was the next topic up for debate. Several of the participants cited the need for information, in order to access the services, they asserted that it was necessary to know that something exists to address their need. One participant said, "Like we said, they don't know where to start to look." Participants discussed the need for advocates as well: "That's the advocate that you really need is somebody that takes over and does everything. It's very hard," followed by another member of the focus group, "Exactly, or can point you in the right direction." The moderator asked the group again, if they could think of an instance when anyone had sought services from an agency but they were unable to deliver. One participant gave an account of her family's experience:

"Meals on Wheels was the big one for my mom and dad. And then, when my mom passed away, it was really big for my dad. I was there every day, but I couldn't make all his meals. And he was diabetic and lost most of his sight.

So for him to go to the stove, even, to heat something up, if I had prepared it ahead of time, I was petrified, 'Is he going to burn himself? Is he going to leave it on? Is he going to get something too close to the stove?' So those were huge just weights that were on me when I would do that.

So I did want at least one meal delivered, so when I wasn't there, it would be warm or whatever, and he wouldn't have to do that. And he's been gone seven years now. And it took us six months, seven months to get him his first meal delivered, which is a long period of time at that point."

The group continued the dialogue sharing stories of being robbed by people that they had trusted letting in their homes. They discussed the need for advocates that wouldn't take advantage of them, and more people that they can rely on and trust.

The final topic asked the participants to share whether or not they did any volunteer work with their church, a local school, or any other organizations. Participants listed the following volunteer activities:

- Alzheimer's Association
- Michigan Senior Olympics
- RSVP
- Volunteer to take care of a parent
- Science Olympia (high school science competition)

The voting exercise reiterated their preferences for the following areas of discussion:

- **Current Services:** Participants overwhelmingly reported that their social outlets were most beneficial to them. A relatively young and healthy group, this would make sense as they are still mobile and quite capable of attending events and social gatherings.

Current Services	Votes
Meals on Wheels	5
Senior centers/social club	5
Senior day programs	3
Meal social gathering	3
Veteran's benefits	3
SMART bus	2
Senior companion program	2
Macomb Senior Services	2

- **Issues of Service Availability/Access:** Participants weighted needing home care and maintenance services most. Other items that scored high on the voting exercise were Meals on Wheels and long distance caregivers and/or geriatric case managers.

Availability/Access	Votes
Snow removal services	5
Long distance caregivers/geriatric case managers	5
More/enhanced marketing i.e. publicized events, health fairs	4
Meals on Wheels	4
Resources through doctors	2
Area Agency on Aging needs to enhance marketing	2
Landscaping services	1
More money to keep loved ones in homes	1
Counseling	1

- **Barriers:** Transportation received an overwhelming amount of votes, followed by the need for advocates and dependable staff members within the agencies that they used.

Barriers	Votes
Transportation	8
Dependable help/ staff	4
Advocates	4
Household/cleaning house/ getting up & down stairs	2
Money	2
Equipment i.e. shower chair, rails	2
Meal services	2
Available resources in Macomb	1

- **New Service/Improvements:** Equally weighted in the voting exercise was the suggestion to expand the Meals on Wheels program, increase funding to service providing

organizations, publicizing Retired Senior Volunteer Program (RSVP) and have RSVP offer transportation.

New Service/Improvements	Votes
RSVP offered transportation	5
Expand Meals on Wheels	4
Publicize RSVP	4
Needs more funding	4
Maintaining social mixers-networking	3
More volunteers	2
More sidewalks/walk paths to stores	2
Church service i.e. education, food services, transportation	1

Visiting Nurse Association of Southeast Michigan

Conducted at VNA offices in Oak Park on the afternoon of Wednesday, June 17, 2009, this group consisted of 13 participants. The average age of members of this focus group was 78, making it the second oldest group of all of the focus groups. Almost all of the participants reported living alone with only two of the 13 living with one other person. According to the survey findings, the majority of participants were female and reported being in average health, with some reporting health problems that impede their activity levels.

This is the only focus group for which we were unable to recover any recording, whether due to human error or a failure of technology, and therefore no transcription could be done and the proceedings of the group cannot be analyzed. Nevertheless, the voting exercise was recorded and may act as a gauge of the group members' opinions, as the rank and votes are excellent indicators of their preferences. An excellent summary of this focus group's discussion was provided by the moderator, giving us insight into that which otherwise could not be identified.

- **Current Services:** The most heavily weighted item was wheel-chair access, which also included ramps and auto-open doors, making mobility a must have for this group. Next on the list in close rank is transportation, followed by the need for social activities and services provided in home.

Current Services	Votes
Wheel-chair access (ramps and auto open doors)	19
Transportation	15
Activities to get people involved	9
Personal care aide	7

- **Issues of Service Availability/Access:** This focus group noted the need for reliable and affordable dental services, and for accessibility to bathtubs that are senior friendly. Having tubs with grab-bars, walk-in access, and flat bottoms is invaluable to aiding with independence in bathing. The group weighted the need for more accessibility to handicapped parking heavily, followed by the need for more access to social outings and events.

Availability/Access	Votes
Finding dental services	17
Bathtubs with walk in access/flat bottoms	15
More handicap parking places	11
Affordable trips	8
Good entertainment	4
Stage plays	3
Really good lunches at my preferred time	1

- **Barriers:** The most heavily weighted item for this area of discussion was lacking or limited transportation as a barrier. Participants criticized the limited services that are available as well as the lack of coordination among different cities. The other overwhelming response to this voting exercise item is the cut in Medicaid provisions; group members listed vision, dental, and having no one to contact as key objections to the cuts. Other noteworthy items that were barriers to seniors leading healthy and happy lives were obstructions such as heavy doors, needing physical help, and being hindered by their own poor attitudes.

Barriers	Votes
Transportation is limited, no coordination	18
Medicaid cuts (vision/dental/no contact info)	17
Heavy doors	10
Lack of a positive attitude	6
Mental-don't feel like doing activities, don't want to leave apt	4
Physical pain	2
Need help with arthritis, getting up and out of chair	2
Our health	1
It hurts to get older/you slow down	1

- **New Services/Improvements:** The number one most heavily weighted item was the tremendous need for legal help. Other noted items included the need for food delivery, affordable insurance, information, and transportation.

New Service/Improvements	Votes
Legal help	20
Affordable insurance	8
Food delivery (affordable and deliverable to them)	7
Transportation to get local resources to talk to people	7
Knowledge of community resources	6
Medicaid letter-wanted longer time to be notified of service	6
People who are knowledgeable about the system	6
Contact people who can help right away	4

The following account of the focus group was provided by the moderator:

The participants cited transportation and health as their primary barriers. Health included physical, mental and emotional aspects. They elaborated on the fact that this group, while they have physical pain, they force themselves to work through it and be active. They cited that many seniors in their building lacked a positive attitude in addition to feeling lonely and not wanting to participate. They then referred to a recent Jennifer Granholm letter that informed them of Medicaid cuts, taking away “their teeth and eyes.” Transportation warranted discussion as well due to the expense of paying a cab for a doctor’s appointment, and the lack of coordination between cities for public transportation. Last, they referenced the doors in their building, which they found too heavy to open. Some doors had automatic openers, but others did not.

Discussion of services focused on aspects of personal independence and addressed emotional isolation. Specifically, they wanted activities that would get people involved. They spoke about many, many people in their buildings who don’t participate in activities, just stay home and watch TV and don’t socialize with others. Transportation was a key issue as it could allow them to access services if they had convenient and affordable transportation that linked them to different cities. Personal care aides were important, but a major private pay expense, as well as services that are offered in their building (hair salon, exercise, fresh vegetables and commodities). Wheelchair access was important, and related to that were the apartment doors that did not have an auto-open feature. They couldn’t maneuver their wheelchair/walker with groceries because the doors were too heavy. One participant stated that she never realized how important that was until she became wheelchair bound.

Early discussion in the service improvements and new services section revolved around service improvements for the building. Later discussion revealed that at least one-third to one-half of the participants were completely unaware of community resources outside of the building. A majority of the group had not heard of their local Area Agency on Aging. The participants voiced

the need for legal help--for a lawyer to come into the building to lecture on important topics. Food was an important topic, and the confusion between being able to receive Medicaid “commodities” (surplus food they receive once per month) and support from the Focus: HOPE pantry. They wanted numbers they could call with people who could help them right away, and not wait weeks or months to resolve an issue. They also wanted the people at these resource centers to be knowledgeable about the system and how it can help. They would like transportation to take them to these community resources so that they could talk to people face-to-face.

Discussion in the availability and access section revolved around items that could improve mental attitude and help with physical needs. Residents praised the management of their building for offering a variety of trips, but at \$55, they still found those expensive. Many would love to be able to go on a trip, but can’t afford it with their income. They would also like to have affordable entertainment to come to them. A few voiced with awe, the desire to have a play come to their building or to have a bus trip to take them to a play. Physical concerns centered on being able to have bath tubs with walk in access and flat bottoms so you don’t fall, more handicap parking places all around the building and finding accessible and affordable dental services.

Participants elaborated on their concerns for services and items they felt would improve their health and independence. These items, many of which were in the recent Granholm Medicaid reduction letter were:

- Dental--finding a dentist, getting transportation to the dentist, and making it affordable
- Orthotics--nobody pays for it, but it can take your pain away and make you more mobile, can’t afford out of pocket cost
- Hearing aides
- Glasses
- Podiatry
- Chiropractic
- Massage therapy (to help with fibromyalgia pain)
- Treadmill

Oakland Livingston Human Services Agency

This was a particularly lengthy focus group, held the morning of Thursday, June 4, 2009 in Ferndale, Michigan. According to the recording and transcript, the conversation that was

captured lasted nearly two hours. This group had a total of eight participants that averaged 73 years of age. Fully 80% of the group members reported living alone and being female, and their levels of education and income varied fairly widely. Overall, the group reported being in good health and had active lifestyles with their health tending not to interfere with their activity.

The discussion began with the moderator asking participants to discuss what barriers they experienced to living happy and healthy lives. Replies included mobility, leanness of letting someone in the house to assist them, security, and transportation. Transportation, or rather the lack of transportation options available to them, posed a problem for several of the participants. They shared stories of issues they had experienced:

“...if your appointment is at 1:00, they may wanna pick you up at 8:00 in the morning, 8:00, 9:00, 10:00 whatever or they may come late. If your appointment's at 1:00, they may not come until 1:30. The same with the job, you know, it's the same thing. So that's something that keeps me, personally, and probably a lot of other people, from being able to do things to the fullest because we're dependent on that ride. Because I can't drive in the bad weather, some people just don't drive, you know, or they're handicapped or whatever, but it doesn't matter. They still face the same thing that I did.”

“I do take the senior bus, and like she said, I go to the doctor's, they drop me off, I have to call them to pick me up. I just sit there and wait for hours.”

The conversation continued as participants shared accounts of being stranded by transportation that was unreliable and had failed to show up at the appointed time.

The next topic focused on how to overcome barriers related to communication and isolation. One participant cited how she felt:

“I think outreach is always an important thing for seniors. I think there's a lot of people that are kind of isolated that become isolated because of various barriers. And, for instance, if you had somebody that was trying to get transportation on a more than one-time basis or something, why not reach out more to that specific person, and find out exactly what's on their mind, what's bothering them.”

Conversation continued as participants discussed the need for improved, more reliable, more available transportation options for seniors. This discussion moved to how services could be improved, the moderator asked the group to share their thoughts. Accessibility to services was discussed, followed by the need for more volunteers and better-trained staff. The participants shared their thoughts about how they are affected by isolation and chatted about the need for someone to call and check on them, and their well-being. A few participants commented:

“I think they should have something special for seniors. I mean, if you’re a senior, that means No. 1, you have- if you’ve been working or around all this time, you’ve put a lot into the system. I feel like we should be singled out, and not lumped in with everybody else, and given some special attention.”

“But my thing is that I don’t think that seniors get the proper attention because we have already worked for years and years, and they have taken that money out of our checks religiously. Where is it now that we need it?”

The moderator asked participants to also consider what new services could help them live happy and healthy lives. Group members reported the need to have someone check on them. They also suggested that a program be started that provided companionship for seniors, in addition to chore services and personal care services that would be provided in the home. Other ideas included a senior mentoring program and the need for more affordable insurance.

The group was asked about the availability of services and if they had ever had trouble accessing services that they needed. One woman shared an account of having her arm broken and not being able to do her own laundry. She had someone coming to her home, but was told by her home care worker that she was not required to do laundry. Participants also reported the need for information about what services are available to them. Suggestions included offering a newsletter, a cable television show or some other medium to relay accessible information to the senior population.

The voting exercise reiterated their preferences for the following areas of discussion:

- **Current Services:** The group overwhelmingly voted for topics that related to transportation as most important to maintaining their health, happiness, security and independence. The top three rankings included SMART bus, public transportation, and the Senior Center bus. The only other item on the list was the need for chore services, which received the remainder of the votes for the exercise.

Current Services	Votes
SMART bus	7
Regular public transportation	7
Senior services i.e. lawn & snow	7
Senior center bus	6

- **Issues of Service Availability/Access:** Participants most heavily weighted the need for information. They voted for “getting the word out for senior services,” creating a television show catering to the senior population that would act as an information tool, and creating a senior newsletter that could reach all seniors in their community.

Availability/Access	Votes
Get word out about senior services	8
Need low cost help	6
Newsletter- community	6
DHS better response and education	4
Change the system	4
Show designed to help seniors	4
Get digital station with converter box	4

- **New Service/Improvements:** This section of the exercise resulted in more than 20 different topics that the group members could vote on. The following list demonstrates their preferences:

New Service/Improvements	Votes
Transportation	7
Seniors helping seniors	7
More accessible	6
Health care	6
Need to check on seniors	6
Cheaper insurance	6
Media companion i.e. contact newspaper, TV, radio	6
Caltran for seniors	5
Need more spots for TEFAB food	5
Door to door volunteer to check on seniors	5
Senior mentoring services	5
Companion services	5
Home helper	5
Services for seniors with no medical	4
Volunteers for services as a resource	4
Meals on Wheels- increase service to check on seniors	4
Focus groups	3
Food stamps	3
Adult senior services	2
Laundry services	2
Increase senior jobs	1

Catholic Services of Macomb

One of the largest focus groups conducted, the Catholic Services of Macomb group, was held the morning of Thursday, June 18, 2009 in Warren, Michigan. Eleven of the thirteen participants were female, and the group was diverse in terms of education and income. Overall, the group reported being in good health and did not feel that their health impaired their ability to stay active. About half of the group lived alone and the other half reported living with one other person. The average age of the group was 71.

The moderator began the discussion asking participants to share what they felt were barriers to maintaining happy, healthy, secure, independent lives. Group members shared that depression arising from problems related to aging stood in their way, and new disabilities made it worse. Transportation was discussed in great length as the group shared how transportation difficulties limited their activities and mobility. Lack of insurance was a barrier as participants cited the cost of medication being an impediment to maintaining their health. Equipment installation in bathrooms was discussed as the need for railings, accessibility to the tub, safety bars, and non-skid applications in the tub were all needed. The lack of family support was also perceived as a barrier, as well as not having companionship. Other topics discussed included lack of family support for the caregiver, lack of respect for elders, ageism, improper training of caregivers, elder abuse, incorrect information, discharge planning and lack of help available to service agencies.

The moderator asked the group to brainstorm about how to overcome the barriers. There were so many options discussed that the moderator repeatedly had to stop the discussion and ask participants to talk one at a time. This was an actively engaged group with many ideas:

- Senior companions
- In-home nurses and doctors
- Senior centers
- Telephone reassurance
- Updated home repairs/renovations/improvements
- Weatherization
- Health centers/health fairs/health expos
- Prescription assistance
- Extended time to pay taxes
- Personal care- hair, toes, personal hygiene assistance
- Coupons for farmers market

The moderator next asked the participants to discuss how they felt current services could be improved. One participant suggested increasing communication with the senior population, and offering multiple modes of information including a newspaper, a call center, and other forms that would be accessible. Other ideas included the need for chairs at agencies that had long waiting times, or better scheduling. Discussion began about how group members were treated in hospitals:

“I recently fell and I fractured my whole left side of my face, and I’m still having problems because I fractured my orbital area. I was in emergency 6½ hours before they even gave me an ice pack.”

“And I went to Henry Ford, where they advertise that they have such great service, and after that, I got a bill from the hospital and I got an extra bill from the doctor, and they took my insurance. The doctor came in, looked in my eyes, prescribed a CAT scan, got a telephone call, said he was coming back in five minutes, never came back for 2½ hours.”

Discussion continued on double billing, and the shortage of help in hospitals and doctors' offices. Recruiting volunteers was one remedy to the issue that was raised.

The next topic of discussion was what new services should be offered to address the needs of the senior population. One participant deemed the need for more affordable veterinary care to be important. Several other suggestions continued:

- Free taxi service for seniors
- Subsidized transportation
- Resources for information
- Personal shoppers
- Adopt a grandparent
- Senior companions
- Housekeeping help
- Adopt a senior
- Medication assistance
- On-line grocery shopping & home delivery
- Phone call/visiting friendly reassurance
- Assistance with checking/bills/taxes/financials
- Heating credit
- In-home dentists
- In-home podiatrists
- In-home veterinary calls
- Mobile masseuse
- In-home Doctor visits
- Understanding veterans benefits/for spouses as well
- Depression awareness, because of disability
- Dementia awareness
- Reading program-home delivery of books and videos/movies

The moderator asked the group to think about availability and access. The group was quick with ideas about what has hindered them in trying to arrange for help or assistance. One participant reported that she felt discouraged by the service she received from the staff at various governmental offices. Complaints about Medicaid and Medicare were incessant as the group shared stories of frustration:

“Part of it is the process of applying for Medicaid and not having very nice people, but the other process is trying to advocate for yourself when there's a problem. You are willing to go and able to go. What about people who aren't able to go?...”

“Well, my point is that they really don’t care. We have these programs-these wonderful programs for seniors-for this one, for that one- then, you get these people that become a part of the bureaucracy that could care less about you. So what good’s the program?”

“Yes, I had the occasion where-when I had to fill out my renewal, I not only filled out the form they sent me at home, but then, they said I had to go there in person, so I went there in person. I was there 3½ hours, and when she finally came to my station, she said, oh, you need to bring me copies of all your doctor bills, all your medication bills, all your grocery bills. So I had copies made of everything, and sent them to her, and never heard from her. I called her, and she never returned my call.”

“They canceled me entirely, without even telling me.”

“Well, that’s my thing. I have never asked for anything. I cut down on everything I possible can just to forego getting in touch with the government.”

“Well, I wanted it to cover the twenty percent that Medicare doesn’t. So now, I just tell the doctors, the hospitals and everyone else, I can’t pay you the twenty percent, so if you can’t accept that, don’t give me the service because you’re not gonna get any money for it.”

The discussion continued about incompetence and frustration of benefit management. The need for advocacy and legal assistance was called for, in order to address issues of not only medical benefits, but VA benefits and Social Security as well.

The moderator let all ideas surface and allowed the discussion to calm before she asked the last question. She asked the group to share what experiences they had with volunteering, if they were current volunteers and if they were interested in volunteer opportunities. The group members were active participants in their communities and several expressed interest in getting involved. Some of the volunteers shared their contributions:

- Library help
- Tutoring
- RSVP volunteer
- Henry Ford Macomb Hospital volunteer
- Caring for loved one/family member
- Senior services volunteer
- Companions
- Senior programs
- Macomb County Catholic Services volunteer

The voting exercise confirmed their preferences for the following areas of discussion:

- Current Services: The most heavily weighted item for this voting exercise was the importance of senior companions, highlighting the problem of isolation and loneliness in

the older adult population. The group also voted heavily for the following items: bus service, coupons for farmers market, home repairs and renovations, and prescription costs.

Current Services	Votes
Senior Companions	10
Bus service	6
Coupons for fresh fruits/vegetables through farmers market	6
Home repairs/renovations-bring homes up to code	4
Prescription assistance	4
Friends helping friends	4
Interfaith volunteer caregivers	4
Meals on Wheels	3
Tax assistance	3
Health expos/fairs for screenings	3
Angel Food Ministries	3
Senior centers	2
Telephone reassurance	2
In-home caregivers	2
In-home nurses/doctors	2
Personal hygiene/product pantries	1
Personal alert systems	1

- **Issues of Service Availability/Access:** The group weighted improper care in hospitals as the most important issue in terms of availability and access. They also voted that staff members of DHS were rude, and they felt a need to have advocates working for them to help them access services. The group suggested that the advocate could specifically address issues with benefits, including cancellation, VA, or contacting someone directly to discuss benefits.

Availability/Access	Votes
Improper care in hospitals and long term care facilities	9
Rudeness of DHS workers	6
Advocacy when there are problems with benefits	5
Benefits cancelled without notice	4
Need to be your own advocate	4
Can't get through automated voicemail systems	4
Lawyer specializing in VA benefits-no cost/as a volunteer	4
Have a directory of all services	3
"Professional" attitudes	3
Seniors choose to do without to avoid government assistance	3
Lack of follow-up of workers when applying for benefits	3
Someone to coordinate care	3
Eligibility for VA benefits	2
Families not taking responsibility to care for aging family	1
Younger populations unable/unwilling to provide care	1

Availability/Access	Votes
Low pay for direct care providers	1
We did not teach our children to provide elder support	1
Teach respect/responsibility at home	1
Old policies	1
More wheelchair ramp builders and in-home accessibility	1

- **Barriers:** This area was not voted on during the exercise. However, the transcript as discussed above provided some illumination on the preferences of the group and what they perceive as barriers to living happy and healthy, independent lives.
- **New Service/Improvements:** The group felt that increased access to information was the most important new service that could be implemented, as well as an “adopt a senior” program to provide companionship. Receiving almost as many votes was the need for telephone calls offered to seniors for daily reassurance, not only for companionship, but also for peace of mind. Other concerns included the need for doctors to be more aware of depression in seniors, more in-home medical services, lower cost veterinary services, and financial assistance for those on fixed incomes struggling to pay their bills and maintain a household.

New Service/Improvements	Votes
Service directory to know what services are available	12
Adopt a senior program-one day a week	8
One place to get all information about services	7
A call center-not automated; a real person to talk to	7
Telephone reassurance/daily phone call for those living alone	6
Doctors should be more aware of depression	6
Low cost veterinarian services for pets	5
Information for resources	5
Financial assistance i.e. paying bills, doing taxes	5
Doctor house calls	4
In-home dental care	4
Decrease waiting time at Doctors’ offices	4
Overhaul Medicaid/Medicare	4
More caregivers, more help	4
Share list of community resources	3
Get information out about Veterans benefits and spouses	3
Volunteer dog walkers for pet owners with mobility problems	3
Ordering and delivery of groceries on-line	3
Better communication-not just on-line/computers	3
Delivery from Angel Food Ministries	3
Special assistance for older people- no waiting in lines	3
Better scheduling for medical appointments	3
Quicker treatment in the emergency room	3

New Service/Improvements	Votes
Costs of emergency treatment (out-of-pocket)	3
Lower cost taxi/transportation service	2
Volunteer personal shoppers	2
Visit senior centers to recruit volunteers	2
Free taxi service	1
Improve communication about health benefits	1
People on Medicaid can't afford co-pays	1

Catholic Social Services of Oakland County

This group, conducted the morning of Tuesday, June 16, 2009 at Sheltering Arms in Southfield, was the longest of all of the focus groups. The time of the transcript recording was about 124 minutes. There were seven participants in this focus group, with an average young age of 67. The group was predominantly female, educated, relatively wealthy, and reported being in good health. Despite their higher than average self-rating on health, the group members reported that, overall, they felt that their health somewhat impaired their ability to stay active.

The moderator led the discussion by asking the group to share what they thought were barriers to maintaining their health, happiness, security and independence. Several ideas surfaced including mobility, transportation and needing someone to prepare meals as well as assist with shopping. Participants discussed their concerns about the decrease in the amount of pensions that are paid. The uncertainty was shared among the group as to their overall finances; several participants shared their thoughts on nursing home costs and care:

“I don’t know, number one if the money will be worth anything 20 years from now, if it stays the same, and number two, I don’t know if my pensions gonna stay the same. Is my company gonna say, ‘Hey, you know, we’re not gonna pay that pension anymore.’ I mean, it’s a very uncertain world. But I try not to worry about it. But those are some things that I’m looking at is- that will affect my ability.”

“And finance is a big problem because if you’re retired, you got a fixed income, whatever your pension was. And I will tell you, I’ve been looking. I’ve checked this place and that place, I got a notebook full of- some of which I brought with me. I’ve gone on website and checked that Medicare.gov, compare nursing homes. I spent a lot of time researching. In most places, they don’t really wanna deal with Alzheimer’s patients.

Most of these places are for-profit, and that’s number one. Profit is number one, so most of them don’t want Alzheimer’s patients. And if they do, I’ve contacted several places; they want \$90,000 up front deposit. Now, I don’t know- I know what my financial situation is, and I don’t know what yours are, but when you start talking about coming up with \$90,000 up front, that’s a big bundle,

okay? And yes, you have some legitimate concerns about funding because most of these places are talking \$7,000 to \$8,000 a month. Now it doesn't take very long before whatever you've got in pension is gone."

"I'm looking. And there aren't many places where I would want my parent because I see how they treat these- I see how they treat these patients. If it- I told one of them, I said if that was my parent, or my loved one, I'd be in jail because I could not allow you to treat them in that manner. And- also, in the better facilities, what you have, not only the cost for their being there, you also have add-on cost for them to provide medication. For them to give them medication, you have to provide additional cost for them to be brought down to facilities, you- it's not an all inclusive packet, there are additional costs on top of it."

The moderator moved the group from the topic to discuss what current services helped them to maintain their health and happiness. One participant quickly interjected that he believed that maintaining a social circle and a sense of community really helped him. Other participants said that they felt their homecare was important, in addition to respite care services. As the topic shifted to overcoming barriers faced by older adults, the discussion generated several similar ideas including:

- Maintaining your social circle & share weekends care giving with friends in similar circumstances
- AAA1B Out-of-home respite care program is a godsend, but there is a shortage of beds
- Have information resources linked for accuracy and standardization of information i.e. different lists contradict each other
- Use blogs, chat rooms and support groups
- Alzheimer's Association is helpful to caregivers of those with dementia

The next topic of discussion was how the group thought that services could be improved. Participants cited the need for more informed and friendlier help at various agencies, including receptionists as well as increased distribution of information. After a short discussion, the moderator asked the group to consider what type of new services or improvements to services would assist senior citizens in maintaining their health and happiness. Participants continued to discuss the need for improved training and better informed staff members within agencies that serve the senior population. The need for homecare, friendly reassurance and centralized information to avoid repeated paperwork were also discussed.

Next the topic of availability and access to services was introduced by the moderator. Brainstorming started with the group sharing stories about issues they have had with accessing services. Ideas were reiterated from earlier discussions about inadequately informed help,

unreliable staff members, wasted time filling out paperwork, and the need for streamlining data so that different agencies can access the information they need to provide the services. Medical records often contradicted each other according to participant's accounts, as well as having accessibility to their own records being an issue. Coordination of records and files was deemed as the most important barrier to receiving and accessing service.

The voting exercise indicated their preferences for the following areas of discussion:

- **Current Services:** This area of discussion was not weighted in the voting exercise, however the transcript cited above clearly outlined the preferences of the group, in terms of what services they currently utilize and find most valuable to maintaining happy and healthy lives.
- **Issues of Service Availability/Access:** This area of discussion was also not weighted in the voting exercise. Again, the transcribed discussion noted previously did an adequate job of capturing the issues that the participants have faced in trying to access services.
- **Barriers:** The group voted most heavily for costs being a barrier to maintaining health and happiness. "Costs" as a barrier was referred to as anything from healthcare to general service expenses increasing. Other barriers that received considerable votes included not being able to do things alone, and difficulty finding and funding facilities that will take patients with dementia. Another concern discussed was the quality of treatment and care received in facilities.

Barriers	Votes
Costs (of everything)	9
Can't do it alone	6
Difficulty finding facilities that will take dementia patients	5
Concern of quality of care in facilities	4
Residency issues i.e. stairs and looking at long term care	1
Loss of independence especially when unable to drive	1
Residency again but ability to have EMS get person out	1
Getting food when it is difficult to shop	1
Hospital staff not trained in dementia care	1

- **New Service/Improvements:** There were many ideas generated by the group regarding what new services would help them to maintain happy and healthy lives. These ideas almost all centered on the delivery of services and lack of proper training and record keeping. Specifically weighted items included:

New Service/Improvements	Votes
Better communication between agencies	13
Utilize volunteer force more effectively	7
A place to register seniors without family to check on safety	7
All health providers coordinate medical records	5
Have knowledgeable people answering the phones	4
Get rid of hidden or extra fees in programs	4
Need qualified people providing all services	4
Have more focus groups w/service providers	4
Service providers should educate their consumers	4
Cross training of staff for continuity	3
Have a drop off Night care program for dementia patients	3
Improve service at DHS	2

Reuther Senior Services

This group, conducted the morning of Monday, June 8, 2009 at the Villa Wellness Center in Detroit, was comprised of 7 participants with an average age of 79. This meeting was unique in that it had the oldest participant of all of the focus groups, born in 1915. This was one of two groups that were all female and participants reported being in about average to better than average health and activity levels compared to other people their age. Respondents also reported that, overall, interference in preferred activities by their health problems was not a major problem. The voting exercise for this group was conducted in such a way that weighting the preferences of the focus group participants was not possible. For this group, the participants' preferences can only be demonstrated through the analysis of the transcript. Preferences will not be assigned any particular weight, but will be recounted in the following depiction of the discussions within the group.

The moderator began the discussion by asking participants to share what they felt were barriers to maintaining happy, healthy, secure, independent lives. Group members shared that pain was one problem that stood in their way and was also a barrier to mobility; arthritis, glaucoma, and other physical conditions were cited. Transportation was discussed in great length as the group shared how difficulty securing transportation limited their mobility and therefore limited the activities in which they could engage. Several participants cited frustration over not being able to drive their own car, and having to depend on other people to get around. Financial constraints were discussed, primarily the inadequacy of income from pensions and Social Security to cover rising costs. One participant commented that she would just like to have someone to read things to her, so that she could make decisions about things for herself.

The moderator asked the group to next discuss what current services they utilized and valued. The first response was having legal aid. Other answers included blood pressure classes and church services. The group discussed the importance of opportunities for socializing, the need for plans and staying active after retirement, and the importance of seeing their family, which helped them to avoid feeling isolated.

Next, the group was asked to discuss what improvements could be made to services. The responses were numerous, including:

- Free, or at least affordable, legal aid
- Health classes
- Nutrition education
- Dieticians
- Door to door transportation for the handicapped and wheelchair bound
- Someone to call and check on seniors (friendly reassurance)
- Direct line for seniors

Several ideas were generated on how to improve services simultaneously while many ideas for new services were also generated as the discussion progressed. This group focused heavily on the need for human connections throughout the discussion. Most of the requests early on were for human interaction, and the discussion continued on this same path. Participants cited:

“Well, going on what she was talking about with something like a phone service, we did it at church where everybody’s got four or five names of people that they keep in touch with because they don’t get out often, and it also gives them a person to call. That kind of a service, everybody’s got numbers they can call, but if somebody’s hurt, they can call you and you can do all the calling. If it’s somebody that you really trust, they can also have an extra key to your house if they live nearby so you’re not alone. I have keys to about eight of my neighbors’ houses and a couple of them have passed away.”

“If someone is homebound or someone hasn’t been at the center for a while, maybe a couple of their friends could go to their home and spend time with them, play cards with them, communication.”

“Have someone give a call and check on you when you’re not at the center or you’re missing for three days in a row. Have someone call to find out how you’re doing, what the problem is...”

Other suggestions for new services were made, including the following:

- Chore assistance
- Friendly reassurance
- Day care centers
- Different ways to distribute food
- Homecare
- Assistance with daily activities i.e. yard work, grass, shoveling, trash

- Information on how to locate resources
- Nutrition plans
- Meals on Wheels expanded to include checking on seniors, not just dropping off meals
- Increase safety mechanisms
- Physical therapy

The last topic of discussion pertained to the availability of services. The moderator asked participants to share their experiences when trying to gain access to services, and to describe where they thought the deficiencies were. The METROLift was discussed and the inability to accommodate one individual in the group. Other ideas included unnecessary paper work hindering the ability to get care, the need for healthcare at home, inadequate and limited transportation options, i.e. boundaries and services stops. The discussion concluded after 75 minutes of dialogue.

Service Agency Survey Analysis

Agencies

In responding to the first question, almost all of the respondents reported that their agency was not for profit.

Agency Type	Response Percent
Not for profit	94.6
For profit	5.4

The second question asked participating agencies to report what categories best describe the type of agency that they each represent. The following responses were recorded:

Agency Type	Response Percent
Social Service Agency	38.0
Senior Center	12.7
Health Care	5.6
Housing	5.6
Home Health	1.4
Hospice	1.4
Transportation	0.0
Other	35.2

The 35.2% of responses in the “Other” category, offered an open-ended opportunity to identify their agency types, included the following examples of services that were not listed as options to choose from:

- Religious/charitable
- Advocacy and legal services
- Ombudsman
- Educational
- Senior centers
- Support services

Services

Question three asked what services each agency provides for older adults. Respondents were able to check more than one service, so the percentages add up to more than 100%. The following responses were recorded:

Services Provided	Response Percent
Information and Referral	66.2
Educational Activities	42.6
Access to Health Care Options	36.8
Volunteer Placement Services	33.8
Caregiver Support	32.4
Congregate Meals	26.5
Senior Center	26.5
Transportation	23.5
Legal Services	22.1
Elder Abuse Neglect and Prevention	20.6
Meals on Wheels or Home Delivered Meals	20.6
Respite Services	20.6
Heating Payment Assistance	19.1
Homemaker or Chore Services	19.1
Housing	19.1
Mental Health Services	19.1
Home Repair Services	17.6
Adult Day Services	17.6
Prescription Drug Assistance	17.6
Substance Abuse Services	16.2
Job Training or Retraining for Re-entering Workforce	16.2
Financial Assistance	11.8
Vision Services	11.8
Developmental Disability Services	10.3
Home Adaptations/Durable Medical Equipment	10.3
Hospice/Palliative Care	8.8
Hearing/Speech Services	7.4
Home Health Care	7.4
Other	32.4

The option of answering “Other” for this question also allowed for open-ended responses describing other service provision. There were a total of 22 agencies that cited additional responses to this question. Other services provided by these agencies include some of the following examples:

- In-home primary care
- Volunteer opportunities
- Ombudsman
- Health and Wellness center
- Advocacy
- Long term care
- Guide dogs and cane training for the visually impaired
- Tax preparation assistance
- Soup kitchen
- Commodity food distribution
- Recreation services
- Leisure

- Geriatric case management
- Administrative services for social service agencies
- Neighbors helping neighbors
- Service coordination
- Wellness
- Outreach and assistance

Question four asked the agencies, “Do you have requests for services that you are unable to provide?” The following responses were recorded. As in the previous question, respondents were able to check more than one service, so the percentages add up to more than 100%..

Requests for Services Not Provided	Response Percent
Heating Payment Assistance	59.4
Transportation (free)	54.7
Home Repair Services	54.7
Financial Assistance	46.9
Housing	46.9
Homemaker or Chore Services	32.8
Prescription Drug Assistance	31.3
Legal Services	28.1
Transportation (for a fee)	21.9
Home Adaptation/Durable Medical Equipment	21.9
Home Health Care	21.9
Respite Service	20.3
Job Training or Retraining for Re-entering Workforce	18.8
Caregiver Support	17.2
Access to Health Care Options	15.6
Meals on Wheels or Home Delivered Meals	15.6
Vision Services	15.6
Hearing/Speech Services	14.1
Developmental Disability Services	12.5
Information and Referral	12.5
Congregate Meals (senior lunch programs)	10.9
Health Screenings	10.9
Mental Health Services	10.9
Substance Abuse Services	10.9
Adult Day Services	9.4
Hospice/Palliative Care	9.4
Volunteer Placement Services	9.4
Educational Activities	7.8
Senior Center	6.3
Elder Abuse and Neglect Prevention	3.1
Other	6.3

“Other” responses included requests for:

- Subsidized housing options
- MIChoice

- Personal care
- Property tax hardship exemptions
- Dentist home visits
- Access to fresh food
- Increased funding for agencies

Questions five and six asked the agencies to report whether or not they had wait lists for any of the services that they provided, and if so, to list them. Most of the agencies did not report having wait lists.

Services with Waits Lists	Response Percent
No services with wait list	64.3
One service with wait list	35.7
Two services with wait list	23.3
Three services with wait list	3.1
Four services with wait list	3.1
Five services with wait list	1.5

The services most mentioned as having a wait list include:

- Housing provision
- Housing assistance
- In-home and chore services
- MIChoice/Medicaid Waiver
- Home modification and wheelchair ramp installation
- Transportation
- Respite care
- Vision services
- Home delivered meals (including meals for those with special dietary requirements)
- Legal services
- Tax preparation and advice
- Home heating and utility assistance
- Nursing home to community transition assistance
- PACE program services

Needs and Challenges

The next question asked the agency respondents, “In your opinion, what are the greatest, second greatest, and third greatest unmet needs of those age 60 and older?” The following table demonstrates their thoughts.

Unmet Needs	Greatest Need	Second Greatest Need	Third Greatest Need	Total Count
Transportation	13	16	10	39
Quality, affordable health care	15	7	5	27
Personal care for those with limitations	9	7	11	27

Unmet Needs	Greatest Need	Second Greatest Need	Third Greatest Need	Total Count
Affordable housing	4	10	11	25
Access to wellness, disease prevention, Information /assistance obtaining benefits	9	5	5	19
Adequate food and nutrition	6	6	6	18
Adequate social interaction	4	6	4	14
Maintenance of interior and exterior of home	3	6	4	13
Other	3	4	5	12
	2	0	4	6

Open-ended responses to the “Other” category included:

- Preventative health care
- Vision and hearing services
- Financial assistance
- Utility assistance
- Services for non-citizens and those whose primary language is not English
- Home adaptations
- Affordable assisted living
- In-home mental health services
- Meaningful volunteer opportunities

Question eight asked the agency representatives to identify the three greatest challenges or barriers that their organizations face in serving the older adult population. The responses are summarized in the table below.

Organizational Challenges to Provide Services	Greatest Challenge	Second Greatest Challenge	Third Greatest Challenge	Total Count
Insufficient funding for your program/services	37	12	2	51
Lack of public awareness about your services	20	11	12	43
Older adults' lack of transportation to access your services	4	13	6	23
Older adults' lack of income to access your services	9	8	5	22
Restrictive eligibility requirements for public programs	5	10	4	19
Recruiting and retaining quality staff/workers	3	2	11	16
Meeting ethnic, cultural, and language needs	2	5	8	15
Regulatory/bureaucratic barriers that inhibit service	2	7	5	14
Other	6	0	4	10

“Other” responses were open-ended and included the following additional challenges:

- Discrimination against Medicaid recipients
- By nursing homes & other providers: Lack of affordable homes for the aged
- Providing a myriad of services to a highly diverse age group (50-100 yrs. of age)
- Volunteer assistance
- Senior programs that need to improve their operations
- Basic physical restraints, elderly lack of energy and physical capability

- The difficulty in getting older adults to understand the importance of engagement in programs that will make a difference in their lives-- that their health is more important than BINGO
- Older adults rarely meet the criteria for our program
- Lack of knowledge about aging and the impact that the rapidly growing aging population and the services that are or will need to be provided. This problem is broadly distributed and includes public and private funders, civic leaders, etc.
- Elder population is living longer with insufficient retirement to sustain a healthy lifestyle. The need to do more with less is undermining them and their ability to retire with dignity. Senior Citizens continue to be preyed upon by the unscrupulous
- Ability to pay competitive rates for bilingual licensed professionals

Comments

The final question invited participants to share “any comments that you may have to further explain your responses or to provide more information about the most significant unmet needs of older adults.” The response count was 21 of the 74 participants. These are all of the comments shared for this question:

- Target families in need, not seniors, so most single adult households do not rise to top of qualified applicants.
- There appear to be ample health and home care services. However, they, like homes for the aged and nursing homes are priced out of the pocketbook for probably 65-70% of area seniors. We have an urgent need for quality, affordable services, assisted living and nursing homes.
- I am the Chairperson for the Michigan Senior Olympics also on the National Board this is a volunteer effort on my part along with all the rest of the board members. My job I get paid for is Older Person' Commission that I am the executive director. I find funding the State Organization is most difficult especially in the hard economic times in Michigan. They Federal and State governments funds people that are sick but put little or no money in programs that would be cost effect to keep seniors well and active in the community.
- We educate, advocate, give out information and consultation to individuals and groups to help long term care residents receive the best possible care.
- I believe the need for more positive publicity about the services of Citizens for Better Care. Knowledge of our purposes and areas of assistance would be a valuable asset to give assistance and to even make more support available.
- Need more volunteers and new ways to provide "stipends" to them to keep them and empower them to afford to volunteer.
- Please coordinate with AAA1B and Oakland County who are collecting similar data - we need to work together! Thanks.
- We do not specifically serve older adults, but rather consider them eligible for our services like anyone else.
- We would love to provide more outreach for the mental health needs of the older population but there is not specific funding for this.
- Health promotion is important in order to prevent the impact of chronic diseases from worsening.
- We need more volunteers to help us so that we can help more clients.

- There is a lack of support for specialized services to deaf senior citizens. There are many services available with sign language interpreter which is not the best approach. The best approach would be services provided by cultural competent clinicians.
- If we had additional funding we could designate specific services for seniors. Currently, we provide them with all of the services that we provide other clients. in addition to MMAP counseling, and MiCafe. and emergency services (when funding is available) If there was additional funding many other services could be provided, such as transportation, Halal meals on wheels program, social activities to increase integration with main stream seniors, orientation, adaptation and acculturation services to assist seniors in feeling that they are part of this new society, services to cover immigration fees for seniors. services to educate seniors on Long Term Care Planning.
- If we had additional funding we could provide specific services for seniors. Currently, we provide them with all the services that we provide to the other clients. The only specialized services we have for seniors are the MMAP Counseling, MiCafe, and Extra Help to cover the Medicare premiums. With additional funding we could provide transportation, outreach, social interactive activities, ESL specifically for seniors, home visits, and acculturation and integration activities that will help them integrate with mainstream seniors and have a smooth adaptation to living in United States of America.
- Funding is needed to allow for home maintenance yard and inside the home and home modifications in order for seniors to age in place and to spend their incomes in place. Staying in their homes allows them to remain tax payers and allows them to funnel their pensions into the local economy.
- For the blind and visually impaired population efforts are made to help maintain client's independences and dignity which require a greater level of services which no one agency can provide, best efforts are made to coordinate services with the different providers to help improve the quality of life and give clients the best manageable situation possible.
- Detroit is not a livable community for older adults. This is unfortunate because seniors are the foundation of Detroit's community and neighborhoods. If the seniors moved, then who would be left?
- Our time bank has a small population of seniors among its members. We are working to expand time bank awareness and participation among the elders in our community, encouraging them to ask for help and recognizing the value/skills they provide.
- Accessibility is major overall issue. Barriers are both physical such as lack of transportation and barriers of physical environment, organizational because of a fragmented system of providing services and lack of effective methods of communication with those who need services or are seeking services on behalf of those seniors in need.
- The money allotted for older persons needs to go toward direct services rather than organizational funding for speculative programs that don't match the needs in the community. Many programs have good track records of providing needed services, yet are underfunded or get dropped due to lack of funding.
- Elder population is living longer with insufficient retirement to sustain a healthy lifestyle. The need to do more with less is undermining the elder population and their ability to retire with dignity. Senior Citizens continue to be preyed upon by the unscrupulous.

Conclusions

The focus group and survey results described in this report lead to the inescapable conclusion that older adults in the tri-county Southeast Michigan region need greater levels of supportive services across multiple domains to maximize their well-being and quality of life, and to allow them to remain in their homes and/or communities for as long as they are willing and able to do so. Current efforts to provide services are helpful and appreciated by the population they are designed to support, but more must be done if we want to better promote the happiness, health, security, and independence of area seniors, and thus allow them to age in their communities and in their own homes.

With so much qualitative data to summarize, coming to a succinct conclusion can be difficult. Fortunately, the voting exercises that were incorporated as part of the focus group discussion provide the ideal vehicle for not only consolidating a large amount of data, but for assigning a rough weight to the preferences expressed by the participants. Before reviewing the consolidated voting data to identify the common threads that emerged from the focus group discussions, however, we would like to briefly discuss the idiosyncratic ideas that arose from some of the groups based upon the unique circumstances those groups face.

Focus Group Idiosyncrasies

One set of unique circumstances are those that arise for seniors living in single-family housing in distressed urban areas. Inner-city groups, such as those hosted by Adult Well-Being Services on the East Side and Bridging Communities in Southwest Detroit, face some particular challenges associated with the conditions of their neighborhoods and their homes. Residents of such areas tended to talk about a greater need for security. They expressed a desire for an increased police presence and more visible police patrols in their communities. They have a serious concern about abandoned houses in their neighborhoods and the danger those houses pose to them and their safety, and would very much like to see those structures removed. They feel threatened by criminal activity, much of which is centered in those abandoned buildings, and the fear of crime is a regular source of anxiety and an impediment to their mobility.

Likewise, many of the inner-city residents are long-time residents of areas with older housing stock, and hence their homes are often in need of significant repair. Tales of leaky roofs, drafty windows, crumbling porch steps, and other damage associated with the passage of time and the lack of maintenance were told, accompanied by concerns over the cost of repairs and the

participants' inability to bear those costs. Seniors in our focus groups who live in older homes and neighborhoods expressed a need for help with home modifications and repairs, and in particular, home repair grants.

On the other hand, those who dwell in apartment buildings expressed a different set of concerns related to their residential circumstances. They would like more services made available to them on the premises by management, such as on-site medical assistance and building security. Even more frequently mentioned was the need for home modifications such as grab-bars and walk-in showers and baths, and for building access improvements such as easier-to-open exterior doors. Apartment residents also appeared to have a lower level of awareness of services available outside of their building.

Finally, as might be expected, the Russian language group, which was conducted and translated for the Collaborative by Jewish Family Service, expressed the need for Russian-speaking and culturally-competent case managers, social workers, and medical professionals. Although we were unable to arrange other foreign-language groups, we strongly suspect that the types of issues identified by the Russian speakers would be similar for the communities of Spanish, Arabic, Hindi, Mandarin Chinese, and other non-English speakers who reside in the tri-county Southeast Michigan area. The desire to feel understood and respected is a universal human aspiration, and when agencies serve a large community of people whose cultural heritage or spoken language differs from that of society at large, it is advisable—albeit admittedly difficult—to have staff on hand who can make their clients feel comfortable.

Focus Group Commonalities

Many more concerns expressed by focus group participants reflected significant common ground between the groups rather than their differences, including for those groups mentioned above. We categorized the barriers to independence identified by the participants, as well as their most highly valued current services, issues of service availability, access, and delivery that concern them, and their suggestions for new and improved services.

Overall, the greatest barriers to independence--and the most valued current services--were related to transportation, which was also high on the new and improved service agenda of many participants. Time and again, participants of nearly all groups told stories of transportation woes causing everything from minor inconvenience to major obstacles to well-being. They also told positive stories of the van or bus or shuttle they depend upon to help them maintain their

independence in their homes and communities. In the summary table on page 70, transportation was grouped with other barriers related to inadequate community resources, including lack of homecare, chore assistance, and home maintenance services, and these factors were cited most frequently as barriers to independence. Other barriers included participants' health and social circumstances, financial issues, inadequate benefits, quality of medical services, and crime.

As the discussions turned to existing services being offered, transportation remained at the top of the list as the most important. Following transportation were in-home services such as chore services and personal care. Home modification assistance was valued by many, particularly those in older urban neighborhoods, and senior centers and other social and recreational outlets were rated important by a wide variety of participants. Social services, health care assistance, security, volunteer programs, caregiver support, food assistance, and education round out the list of the most frequently valued existing services.

The most frequently cited availability and access issues, and subjects that also permeated many of the discussions about dealing with the health care system, were related to the perceived rudeness, ignorance, and inefficiency of service staff and long waits and cumbersome processes associated with service delivery. Clearly, many felt that they were not always treated with the consideration and respect they deserved from service providers, and that better staff training and the improvement of bureaucratic procedures would be of great benefit to many seniors. Lack of information in general, along with uncertainty about where to find information on services in particular, were also rated as key impediments to obtaining services, as were lack of personal financial resources. Other service availability and access issues cited were a need for legal and advocacy assistance, in-home services, social opportunities, language support, and education.

When asked to rate suggestions for new services or improvement to existing services, participants voted in large numbers for improvements in the quality of medical services and health care delivery. They expressed appreciation for the care they received, but also a good deal of dissatisfaction and frustration with the cost, bureaucratic nature, and quality of medical service delivery. The participants also shared a perception that information about available services was difficult to find, lack of information was a major impediment to service access, and more effective publicity about aging services would be a valuable improvement in the aging network. The next highly rated service expansion was in the area of social services, although

this was partly because of the strong desire for more bilingual case managers among the Russian-speaking group. Once again, transportation was highly rated as a service area that warrants enhancement, both in the quantity and quality of public transportation availability. Participants expressed a desire for more flexible transportation options, greater convenience in terms of off-hours and on-call transportation, and more punctual and affordable transportation.

Participants felt that a greater availability of in-home services for seniors would be beneficial, such as chore and housekeeping assistance, and home maintenance, repair, and modification help. The focus group participants were, for the most part, satisfied with their current living arrangements and determined to stay in their homes, but faced some difficulty in performing the basic domestic tasks necessary to maintain their independence. Many participants expressed their desire for a more widespread use of volunteers and greater volunteer opportunities for older adults. Feelings of loneliness and isolation were fairly frequently expressed in the focus groups as well, and therefore greater opportunities for social affiliation, activity, and companionship were supported.

Feelings of financial insecurity were widespread across all groups, no matter the socioeconomic status of the participants, and so expanded financial services were highly rated. The cost of health care, home heating and utilities, insurance, housing, and food was mentioned by many, as were issues relating to employment and living on a fixed income. Many experienced health-related limitations in mobility that they felt could be ameliorated by greater attention to removing physical barriers involved in entering and leaving buildings, parking, and bathing, and by greater availability of home modification and maintenance services. Legal assistance for older adults was another service that could be improved, as were services related to food and nutrition, especially home delivered meals, safety, fitness, computers, and employment.

The tables in the following several pages summarize the results of the voting exercises across all groups for which voting data was adequately recorded. The disparate topics and votes were grouped into common categories in an attempt to make meaningful generalizations about the issues participants felt were important, and to gauge the relative weight they attached to each category. The authors are grateful for the assistance of Jim McGuire, Director of Research, Policy Development and Advocacy at Area Agency on Aging 1-B, in sorting and categorizing the focus group voting data.

Barriers to Independence

Barriers to Independence	Votes
Community Resources	37%
Transportation	72
Homecare	13
Chores	4
Home safety adjustments	4
Metro Lift	2
Unable to drive	1
Household maintenance	1
Total Community Resources Votes	97
Personal Health/Social	28%
Language/cultural barriers	16
Heavy doors	10
Depression/Boredom	9
Can't do things	8
Ambulating place to place	8
Need recreational activities	6
Social	5
Access to tub	4
Mental	4
Don't feel like asking for help	2
Health	1
Total Personal Health/Social Votes	73
Economic	15%
Costs	13
Funding	9
Prescription costs	7
Cost of food	5
Unemployment	3
Money	2
Total Economic Votes	39
Benefits	12%
Medicare/Medicaid	18
Medical	8
Insurance: not enough coverage	5
Total Benefits Votes	31
Quality	4%
Dependable help/staff	4
Quality of care in facilities	4
Residency issues	2
Hospital staff not trained in dementia	1
Total Quality Votes	11
Safety	3%
Theft	8

Important Current Services

Important Current Services	Votes
Transportation	24%
Transportation	71
SMART bus	9
Escorted transportation	9
Senior Center bus	6
Bus service	6
METRO Lift	5
Medical agency supply rides	5
Total Transportation Votes	111
In-Home Services	20%
Chore services	21
Programs in apartments	10
Service provision within building	7
Personal care aid	7
Homecare	7
In-home doctor/nurse visits	6
In-home caregivers	2
Social workers at home	1
Meals on wheels	30
Total In-Home Services Votes	91
Home Modifications	13%
City of Detroit home repair grant	12
Focus: HOPE	8
Home modification	7
Home repair	7
Weatherization	6
Wheelchair home access/ramps	19
Total Home Modifications Votes	59
Social/Recreational	11%
Senior Centers/social clubs/activities	38
Recreation	3
Social meal gatherings	3
Bi-lingual clubs/groups	6
Total Social/Recreational Votes	50
Social Services	9%
Adult day service	17
Adopt-a-grandparent	10
Telephone reassurance	2
Bi-lingual case managers	10
Total Social Services Votes	39
Health Care	8%
Prescription Resource Network	17
Eyeglass program	7
Medical services close to home	5
Dental program	4
Prescription assistance	4

Important Current Services	Votes
HEALTH CARE, cont'd	
Total Health Care Votes	37
Safety	5%
Jewish Community Security	19
Community-based security services	2
Personal emergency response systems	1
Total Safety Votes	22
Civic Engagement	3%
Senior Companions Program	12
Friends Helping Friends	4
Total Civic Engagement Votes	16
Caregiver Supports	3%
Caregiver support groups	8
Caregiver services	5
Total Caregiver Supports Votes	13
Food	3%
Coupons for fresh fruit/vegetables	6
Project FRESH	4
Angel Food Ministries	3
Total Food Votes	13
Education	2%
English as a second language	7
Health Care Complaints²⁰	
Hospitals overcharging	8
Poor service at hospital	7
Doctors need to be more accountable	6
Rude staff	5
Not receiving proper care	4
Not qualified staff	2
Slow service	2
EMS late	1
Total Health Care Complaint Votes	35

Service Availability and Access

Service Availability and Access	Votes
Quality	26%
Poor help, rude attitude	34
Given the run-around	22
Want to talk with human	17
More informed, better staff	13
Long waits	9

²⁰ Health care complaints came up frequently during the focus group discussions, but were not included in the final percentage tallies since they are not a service.

Service Availability and Access	Votes
Quality, cont'd	
Improper care	9
Need to coordinate care	3
Total Quality Votes	107
Information	17%
Information	31
Information about abuse	13
Newsletter for seniors	6
Marketing/publicizing events	6
Public TV	6
Advertising	4
Radio	4
Directory of services	3
Total Information Votes	73
Economic/Financial	13%
Fixed income	14
Income limits	8
Caregiver-limited funds	8
Need low cost help	6
Need a job: ageism	5
Automobile vouchers	5
Auto from charity	4
Economy	3
Total Economic/Financial Votes	53
Accessing Services	11%
Access to services	22
Can't find dental services	17
Difficulty finding doctors	6
Need other resources from doctors	2
Total Accessing Services Votes	47
Advocacy/Legal	9%
Need an advocate	15
Need a benefit advocate	4
Lawyer specializing in benefits	4
Be your own advocate	4
Getting out of auto loan	4
Benefits cancelled	3
Eligibility for benefits	2
Total Advocacy/Legal Votes	36
In-Home	8%
Access to bathtubs/flat bottoms	15
Need help with everything	8
Social worker home visit	7
Snow removal	5
Total In-Home Votes	35
Social/Recreational	7%
Affordable trips	8
Arts and crafts	4

Service Availability and Access	Votes
Social/Recreational, cont'd	
Good entertainment	4
Show for seniors	4
Plays	3
Exercise classes	3
Winter activities	1
Lunches	1
Total Social/Recreational Votes	28
Language	6%
Language as a barrier to accessing services	14
Entertainment options limited by language	13
Total Language Votes	27
Education	3%
Education about TV	6
Digital station/technology	4
Computer classes	3
Total Education Votes	13

New Service and Service Improvement Suggestions

New or Improved Services	Votes
Health Care Services/Quality	15%
Reduce wait time for medical equipment	20
More staff/help	18
Better communication between agencies	13
Decrease time on waiting list	11
Knowledgeable help	10
Health care reform	9
Doctors be more aware of depression	6
Better records coordination	5
Talk to a human	5
Not qualified staff	4
Decrease physician wait times	4
Contact people who can help right away	4
In-home doctor visits	4
In-home dental	4
Cross train staff	3
Better appointment scheduling	3
Lost records	2
Total Health Care Services/Quality Votes	125
Information	12%
Information on resources	45
Marketing	15
Resource directory	12
Information call center	7
Information about services	6
Service provider marketing	4

New or Improved Services	Votes
Information, cont'd	
Publicize RSVP	4
Information not just available on computers	3
Total Information Votes	96
Social Services	10%
Bilingual case managers	30
Telephone reassurance	12
Adopt-a-senior	9
More community programs	6
Check on seniors	5
Senior companions	5
Weekend care	5
Continued ongoing contact	4
Meals on wheels to check on seniors	4
Total Social Services Votes	80
Transportation	10%
Transportation	26
Transportation on time	11
Off hours transportation	10
Free bus service for seniors	7
Door to door transportation	7
Public transportation	6
RSVP transportation	4
Allow METROLift card at same time	3
More flexible METROLift schedule	2
Varied transportation fees	2
Free taxi service	1
Total Transportation Votes	79
In-Home Services	8%
Nurse	21
Butler/maid	8
Increase home care per person	8
Better meals	7
Live-in support	6
Home helper	5
More caregivers	4
Expand meals on wheels	4
Online grocery delivery	3
Laundry services	2
Total In-Home Services Votes	68
Volunteers	8%
More volunteers	29
Utilize volunteers more effectively	19
Seniors helping seniors	7
Senior mentoring	5
Volunteer dog walkers	3
Pay for gas for volunteers	2
Volunteer personal shoppers	2

New or Improved Services	Votes
Volunteers, cont'd	
Recruit volunteers from senior centers	1
Total Volunteers Votes	68
Financial	8%
Affordable insurance	14
Affordable health care/insurance	14
Finances	13
Lower fees	12
Low cost veterinarian services	5
Eliminating hidden/extra fees	3
Food stamps	3
Affordable senior housing	2
Total Financial Votes	66
Social/Recreational	7%
Travel program	19
Senior centers/social clubs/activities	15
Lower fees at senior centers	8
Recreation	6
Media companion (TV, radio)	6
Diverse activities	2
Engage more males in activities	1
Total Social/Recreational Votes	57
Home Maintenance/Modification	5%
Home repair	9
Snow removal	9
Garage/carports	9
Lawn service	5
Update showers/tubs	5
Moving assistance	3
Home maintenance	1
Home adjustments	1
Total Home Maintenance/Modification Votes	42
Legal	5%
Legal help	20
Bilingual legal help	17
Landlord cheating tenants	2
Total Legal Votes	39
Nutrition	4%
Food delivery	7
Raise food quality	7
Option to opt out of meal plans	5
More spots for TEFAP food	5
More variety in soup choices with meals	4
Delivered Angel Food ministries	3
Total Nutrition Votes	31
Safety	1%
More police/stations	5

New or Improved Services	Votes
Safety, cont'd	
Police service for seniors	2
Apartment workers have keys to apartments	2
Total Safety Votes	9
Miscellaneous²¹	
Wellness/fitness	20
Computers for seniors	17
Create Jobs for seniors	13
Health care reform	9
Survey community	3
Educational activities	3
Total Miscellaneous Votes	65

Provider/Client Similarities and Differences

There was significant agreement between providers who completed the agency survey and their senior citizen clients who participated in the focus groups, but there were also some important differences. Fully two-thirds of the survey respondents reported providing information and referral services, the most commonly provided service and the only one provided by a majority of agencies. This stands in contrast to the focus group participants' feelings that the provision of information on senior services was seriously lacking. The providers were asked to identify the requests for service they receive that they are unable to provide, and most of those at the top of the list were also services strongly desired by the focus group participants. The top item in the survey list was home heating assistance, which was mentioned with far less frequency by seniors, but may be a reflection of the larger issue of high living expenses and fixed incomes, coupled with the seasonal nature of heating expenses and the shock experienced when receiving a gas bill after a cold month. Once again, transportation was high on the list of unfulfilled service requests, along with home repair and chore services, general financial assistance, housing, legal, and medical help, and caregiver support.

When asked to identify the greatest unmet needs, service providers agreed in large part with their older clients. They identified transportation as the greatest unmet need, followed by several others that were also mentioned prominently in the focus groups. Perhaps the greatest difference was in the relative ranking of some of the other items received; for example, the providers rated the need for social interaction quite a bit lower than did their clients, and

²¹ Miscellaneous results were not included in the final percentage tallies.

affordable housing, wellness, and disease prevention programs significantly higher. When asked to report the greatest challenges their organizations face, providers' responses substantially mirrored the concerns of their clients that financial strains—both insufficient funding on the provider side and insufficient resources on the client side—lack of awareness of their services, and transportation for their clients were important challenges.

In summary, the concerns addressed by both senior citizens in the tri-county Southeast Michigan area and those who serve them can be sorted into a few broad groups: 1) intrinsic needs, such as health care, nutrition, housing, and safety; 2) instrumental needs, such as transportation, information, and household assistance; and 3) quality of life issues, such as social outlets, customer service, and convenience. Many of the issues discussed are beyond the scope of being addressed by the aging network, and many are so diffuse, decentralized, and individualized that attempting to address them would be impractical at best. The single factor that bridges all of the areas identified by older adults and service providers is, of course, financial. Greater funding for services for senior citizens, directed toward transportation, recreation, health care, and supportive services would go a long way toward enhancing the well-being of the older adults of Southeast Michigan. As we move forward into the next few decades in a rapidly-aging region, the aging network must continue to forcefully advocate for increasing public resources to be devoted to older adults in Wayne, Oakland, and Macomb counties, and in the State of Michigan at large.

Acknowledgements

This report was truly a team effort, and could not have been produced without the assistance of many people and organizations. At the risk of missing someone, the authors would like to thank those who played crucial roles in the collection of data and preparation of this document. First and foremost, the authors would like to thank United Way for Southeastern Michigan for the financial support that made this report possible. Ann Leen of United Way was a constant source of support and encouragement, and served as our champion, advocate, and liaison with our funding organization. Kerri Gentry of Catholic Social Services of Oakland County, designed and conducted the service provider agency survey and also chairs our resource development committee and moderated a focus group. Karen Schrock of Adult Well-Being Services chairs our steering and data collection committees, and her leadership and steady hand has guided the Senior Collaborative from its beginning. Dian Wilkins of the Greater Michigan Chapter of the Alzheimer's Association chairs our advocacy committee and acts as our fiduciary with the United Way. Marie Verheyen of Oakland Livingston Human Service Agency chairs our plan development committee and also moderated a focus group. Jim McGuire of Area Agency on Aging 1-B assisted with the agency survey and also helped proofread this report and sort and organize the focus group voting results. The senior focus groups were conducted by many other able volunteers, including: Jerry Springs and Loren Glover of Adult Well-Being Services; Jean Barnas Haratsaris and Ja'Net Lowery of the Alzheimer's Association; Carrie Harnish of Bridging Communities; Suzanne Szczepanski-White and Adrianna Chamberlain of Catholic Services of Macomb; Dorothy L. Keskitalo and Pat Heron of Catholic Social Services of Wayne County; Marsha Moran-Sackett of Catholic Social Services of Oakland County; Sharon Lapidés, Elaine Taverna, and Ginger Houghton of Community Living Services; Yuliya Gaydayenko and Amanda Stoveken of Jewish Family Service; Dana Lazechko, Joy Roark-Dumire, and Suzanne Meyers of Macomb County Senior Services; Sherry Hatrick of Oakland Livingston Human Service Agency; Tiffany Harrison and Karen Bisdorf of Reuther Older Adult Services; Steve Sparks of the United Auto Workers; and Alex Hichel of the Visiting Nurse Association of Southeast Michigan. All of these people and many of their colleagues were instrumental in facilitating the data collection that informs this report. Other support and assistance was provided by: Tina Abbate Marzolf and Amy Smyth of Area Agency on Aging 1-B; Gale Simmons, Sherry McGee, and Irvin Bailey of the Detroit Area Agency on Aging; Lois Wade of The Senior Alliance; Ganelle Lesnew, Judy Muhn, Pam Woodley, and Lori Kitchen of United Way for Southeastern Michigan; Natalie Zappella of the Community Foundation for Southeast Michigan; Margaret Adrain of the

Visiting Nurse Association; Sara Gleicher of Adult Well-Being Services; Alexis Maison and Angela Willis of Macomb Family Service; Laura Champagne of Citizens for Better Care; Trudy Jones and Lynda Booth of Elder Law of Michigan; Lurecie Stokes of Northwest Community Programs; Patty Holland-Soma of Deaf & Hearing Impaired Services; Tina Forman of Community Living Services; Gregory Hicks of Catholic Social Services of Wayne County; and many others, whom we hope will excuse the omission of their names from these acknowledgements.

Appendix

Included in this appendix:

Focus Group Training Agenda

Moderator Dos and Don'ts

Informed Consent Form

Focus Group Survey Questionnaire

Focus Group Discussion Guide

United Way for Southeastern Michigan Senior Collaborative

Focus Group Facilitation Training

May 14, 2009

Agenda

- Welcome
- Purpose of focus groups
- Planning focus group
 - Recruiting participants
 - Inviting participants
 - Location
 - Setting
 - Room
 - Arrangement
 - Materials
 - Refreshments
 - Audio recording
 - Role and responsibilities of moderator
 - Role and responsibilities of recorder
 - Taking notes
- Running the focus group
 - Research ethics
 - Informed consent form
 - Discussion guide or script
 - Voting exercise
- Issues in the conduct of focus groups
 - Time management
 - Encouraging participation
 - Objectivity and neutrality
 - Difficult situations
- Post-discussion tasks
 - Post-group report write-up
 - Compiling voting results
 - Turning in report and recording device
- Questions or concerns?
 - Tom Jankowski
 - t.jankowski@wayne.edu or 313-577-2297 x287

United Way for Southeastern Michigan Senior Collaborative

Focus Group Facilitation Training

Moderator Do's

- ✓ Follow the discussion guide, as designed, in a consistent manner from group to group; use the same key questions in each session.
- ✓ Use a neutral, yet comfortable and inviting tone of voice and facial expressions.
- ✓ Ask questions to clarify participants' points and increase understanding of each point made by participants.
- ✓ Ensure that each participant contributes throughout the conversation.
- ✓ Give people time to think by using pauses whenever needed. Be comfortable with silences.
- ✓ Be respectful of all points of view and instruct those in the group to do the same. (Reminder: this is neither a debate nor an attempt to reach consensus on any issue.)
- ✓ Use plain language! Avoid the jargon and acronyms commonly used in the aging and social services networks.
- ✓ Keep the discussion moving to stay within the specified timeframe.
- ✓ End the focus group discussion on time.

Moderator Don'ts

- ✓ Don't try to guide the participants to your own conclusions.
- ✓ Don't share your own opinion or experiences.
- ✓ Don't dominate the conversation.
- ✓ Don't criticize or ridicule anyone's comments or allow anyone in the group to do so.
- ✓ Don't challenge the accuracy of participants' knowledge or views.
- ✓ Don't translate jargon or slang terms. (If someone asks what a term means, ask the individual using the term to explain what he or she means.)
- ✓ Don't interpret participants' comments for the group.
- ✓ Don't give answers to participants' questions.

United Way for Southeastern Michigan - Senior Collaborative Statement of Written Informed Consent

I agree to participate in this discussion group about services for senior citizens. This discussion is being conducted by *[organization name]* with the United Way for Southeastern Michigan Senior Collaborative, and is being funded by the United Way.

I understand that the purpose of the study is to have a discussion group to find out my opinions and experiences with services for seniors in my area. We will talk about our positive and negative experiences with growing older, living independently, and the services that are provided by organizations such as *[organization name]* and other area agencies

I understand the study involves a very brief survey and a discussion group that lasts about 90 minutes, and will be recorded.

I understand that my participation in this study is entirely voluntary. If I wish to withdraw from the study or to leave the room, I may do so at any time. I understand that whether or not I participate, and any comments I may make during the discussion, will not affect the services I receive or may receive in the future or my relationship with *[organization name]* or any United Way agency.

I understand that my name will not appear on any of the information I give today. I understand that I may not receive any direct benefit from participating in the study, but that my participation may help others in the future. I understand that I will receive \$10 for my time.

The members of the research team have offered to answer any questions I may have about the study and what I am expected to do.

I have read and understand this information and I agree to take part in the study.

Name

Date

If you have concerns or questions, please contact Ann Leen of United Way for Southeastern Michigan at 313-226-9306.

United Way for Southeastern Michigan - Senior Collaborative Brief Questionnaire

1. In what year were you born? _____

2. Including yourself, how many people live in your household? _____

3. What is your gender?

Female	Male
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4. What is your level of education?

Less than high school	High school graduate	Some college	Bachelor's degree	Graduate/ professional degree
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5. Compared to other people your age, how would you rate your health?

Much worse than average	Worse than average	About average	Better than average	Much better than average
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6. Compared to other people your age, how would you rate your activity level?

Much lower than average	Lower than average	About average	Higher than average	Much higher than average
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7. How much do health problems stand in the way of your doing the things you want to do?

Not at all	Some	A great deal
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8. What is your annual income?

Less than \$10,000	\$10,000 to \$14,999	\$15,000 to \$19,999	\$20,000 to \$24,999	\$25,000 to \$29,999	\$30,000 or more
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United Way for Southeastern Michigan - Senior Collaborative Focus Group Discussion Guide

[Greeting, about 3 minutes]

Good *[morning/afternoon]*, my name is *[moderator's name]*. This is my colleague *[recorder's name]*. We are on staff at *[organization name]*, where we *[describe function of organization and/or services provided]*. We are working with the United Way to figure out how best to serve local seniors. That is why we're interested in talking to you today about the services that *[organization name]* and other area agencies currently provide, or services that might be provided in the future, that can help you maintain a sense of security, independence, comfort, and fulfillment for as long as you choose to live in your own homes, neighborhoods, and communities. We understand that as people grow older they may experience more concern over their health, their interests and preferences may change, some activities and household tasks may become a bit more challenging, and there are times when different options or some extra help would be useful. We are very interested in your experiences and your ideas about the types of services that would be helpful, either now or as you get older, to help you live where you would like and to enable you to continue participating in activities that you enjoy. The possibilities are endless, so please be creative and don't hesitate to tell us what's on your mind. Your input will be used to improve existing programs and develop new programs to help meet the most important needs of area seniors, as well as to help you enrich and enhance the quality of your life.

Today's group will be audio recorded and notes will also be taken. Now, we understand that sometimes having their voices recorded makes people feel uncomfortable. We record these sessions for a couple of reasons. First, even though we might jot things down as you talk, the recording helps us remember things and make sure that we don't miss anything important. Second, we like to have a word-by-word record so we can really capture what you tell us in your words rather than in ours. Talking with an audio recorder on might feel a little strange at first but most people forget about it after a few minutes. Finally, we assure you that we will always protect the confidentiality of your comments. In other words, nothing that is said or written down will be associated with your name or any other identifying information when our results are compiled and reported.

[Guidelines, about 5 minutes]

In order for the groups to run smoothly and to provide the most useful and accurate information, we would like you to consider the following guidelines and expectations:

- First, as the moderator, my role is to provide questions to the group members to generate ideas, to problem-solve, and to guide the group discussion. I'll do my best to make everyone feel comfortable, to encourage participation, and to keep us on track. We are here to learn from each other and to have fun as well.

- As the session recorder, *[recorder's name]*'s job is to take notes, make sure our recording device is working, and make lists of your ideas, and help with the voting exercises we will do at the end of the discussion.
- Your role as members of this discussion group is to provide as much information or ideas as you can about the question at hand, keeping in mind that your thoughts can potentially influence services offered by United Way agencies and other organizations that serve seniors.
- There are no right or wrong answers, so please don't be afraid to speak up. This is primarily a "brainstorming" exercise and every idea is useful. Please don't be shy, and don't hesitate to offer your opinions! Also, while it is perfectly OK to disagree with someone else's comments, please express your disagreement in the most respectful and constructive way possible. We don't want to discourage anyone from offering their opinions or make them feel that their opinions are not valued. Our goal is to get a variety of ideas out on the table, and then sort through and prioritize them later.
- We ask that you please honor the confidentiality of your fellow group members by not discussing their comments outside of this group.
- You have the right to refuse participation at any point during the group discussion, even if that means leaving before the group is finished. We'd love for you to stay, but you are always free to go at any time if that's what you'd like to do.
- I do ask that you speak as clearly as you can and only one at a time if possible. If someone is speaking and you have something to add, please raise your hand and I will call on you when I can. We want to be able to understand your comments when we play back our tape and other participants will need to be able to understand you as well.
- I'd also ask that you keep your comments brief so that everybody has a chance to talk, and that you try to keep on the subject at hand. We only have an hour and a half, so it is important that we not stray too far off-topic.
- Most of all, be creative, be vocal, let us know how you really feel, and have a good time. Everybody who participates today will receive \$10 to help compensate for your time.
- Are there any questions on ground rules or the group's purpose?

[Survey and Informed Consent, about 5 minutes]

Before we begin, we need to ask you to sign an informed consent form and complete a very brief survey. Some of you have already done this, thank you. Others, please take a minute to fill out the survey and carefully read and sign the consent form. The purpose of the survey is merely to give us a general idea about the characteristics of those who are here today. The purpose of the consent form is to assure us that you understand your rights as a participant in this group.

[Introductions, about 8 minutes]

Thank you. Let's begin by introducing ourselves. Please tell us your first name and one important thing about yourself.

[Questions, about 12 minutes each]

Now, I will start the discussion and keep it going by asking a series of questions to the group. I hope that everyone will feel free to respond and share your opinions at any time.

1) As you know, people sometimes have more difficulty with day-to-day activities as they grow older, activities that they may need or want to do. For example, they may find it increasingly challenging to perform everyday chores around the house such as cleaning and cooking. They may need help with daily activities such as getting dressed, managing their medications, or paying bills. Or they may face barriers to participating in recreational activities they enjoy and want to continue doing. They may also feel more isolated if they are not able to get around, run errands, and join in social activities and events away from home. We are interested in knowing what keeps you, or that you can imagine that might keep you, from maintaining your happiness, health, security, and independence in your home and continuing to participate in your favorite activities as you grow older.

[Probes]

- Would you explain further?
- Can you tell us more about that?
- Please describe what you mean.
- Does anyone have a different experience?

2) Keeping in mind the barriers the group has described, I'd like you to think about how we can better help older adults overcome those barriers. Let's start with the services that are currently offered for seniors in this area. Which of the services that you know about are most important to help you or other people your age maintain your happiness, health, security and independence, and to help you to participate in activities that you enjoy?**

[Probes]

- Would you elaborate on that?
- Can you give me an example of what you mean?
- Are there any other useful services you can think of?
- Are there any other ideas?

***[Recorder should write these on flip board, with "Existing Services" at top and enough room to allow for the sticker voting exercise.]*

3) With our attention still on the services that are currently offered, I'd like you to tell me how you think those services could be improved. If local organizations and agencies improved the services they offer, how would they be different from the way they are now?

[Probes]

- If you have ever received any of these kinds of services, what was it about your experience that made you satisfied or dissatisfied?
- What could local agencies do to improve the services they offer to seniors?
- Is there anything else regarding the improvement of existing services you think may help?

****[Recorder should write these on flip board, with "Service Improvements" at top and enough room to allow for the sticker voting exercise.]*

4) Now I will ask you to use your imagination and think about what kind of new services could help local seniors live healthier and happier lives. We're talking about services that aren't currently offered, new services that you think could be developed to assist older adults in our area. Remember, this is a brainstorming exercise, so any ideas you come up with may be helpful. What new services for seniors would you suggest we consider offering?

[Probes]

- How do you think a service like that would work?
- Can you give me an example of what you mean?
- Are there any other new services you can think of that would be useful?

****[Recorder should write these on flip board, with "New Services" at top and enough room to allow for the sticker voting exercise.]*

5) Let's turn our attention to the issue of availability and access to senior services. Have you ever had problems finding or arranging the help you need? Have you ever sought services from any local agency or organization that they were unable to deliver? Please tell us about your experience.

[Probes]

- What do you think was the source of the problem?
- How could we do a better job of getting the word out about services that are offered to seniors in this area?
- Is there anything else regarding service availability and access that you think we should know?

****[Recorder should write these on flip board, with “Availability and Access” at top and enough room to allow for the sticker voting exercise.]*

[Optional question...use only if there are at least 15 minutes left in the session]

6) Do you currently do any volunteer work at your church, a local school, a service club, a political group, or other organization? If not, would you be interested in becoming involved in community volunteer activities?

[Probes]

- Please tell us about the type of volunteer work you do.
- If you have not done any volunteer work but are interested in doing so, what kinds of things have prevented you from volunteering?
- Are you aware of volunteer opportunities? Do you have a way to get to a place where you might volunteer?
- How important is it that seniors have opportunities to give back to their communities by volunteering?

[At end of the discussion, recorder tears off sheets and sticks them to the wall]

[Conclusion and voting exercise, about 5 minutes]

We are coming to the end of our session today, and I would like to thank you all for coming and for your participation. You have given us many wonderful ideas and we appreciate your help. Before we go, I'd like to have you help us rank the senior services issues that you identified in our discussion. *[Recorder's name]* has made lists of the existing services, suggested service improvements, ideas for new services, and service availability and access issues we discussed and posted them up for us all to see. You have each been given twenty stickers. What we'd like you to do as you get up to leave is to go over to the lists and vote on those things you think are most important by placing your stickers next to them. Please use five stickers for each list—everybody will get five votes for existing services they think are most important, five votes for the suggested service improvements, five votes for the new service ideas you think would be most helpful, and five votes for the most significant availability and access issues. You may place each of your stickers by different items on each list or, if one of the items on a list is particularly important, you may place all five of your stickers by it. You may distribute your votes any way you wish as long as you only use five votes per list. The purpose of this exercise is to help us set priorities, and the stickers are your way of telling us the things you think are most important.

As you leave, don't forget to see *[Recorder's name]* to receive your \$10 payment for your time today. Thanks again for your participation!